THE JOB ADJUSTMENT EXPERIENCE OF SURVIVORS OF DOWNSIZING: A CASE STUDY IN A HOSPITAL SETTING

by

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A thesis submitted in conformity with the requirements for the degree of Doctor of Education
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0-612-58948-X
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ABSTRACT

This is a case study of survivors of downsizing in a large rehabilitative Toronto hospital. A single question frames the research, “What is the perceived experience of managers adjusting to survivor status after downsizing and organisational restructuring?”

All managers who lived through the experience were invited to participate in the study. Only eight of those were eligible and participated in in-depth interviews several times until saturation was achieved. The findings of the study were formulated into a descriptive narrative that was fed back to participants for their reactions. Participants were re-interviewed to determine how well the description captured the experience and to learn any implications or impacts.

A qualitative research approach was chosen. Interview data, documents, and observations were used as sources of information. The investigator developed a framework for the themes that emerged as a basis for understanding what survivors experienced. The results indicate that survivors have a variety of different reactions to the downsizing experience: fear of job loss, physical and health responses, loss and grieving, excitement, guilt, pressure from greater work demands, and loss of confidence in leaders. The study also showed that survivors adjusted primarily through a variety of personal strategies including physical self-care, supporting displaced workers, support from significant others and peers, focus on work challenges, positive self-talk, seeking information from others, focus on external opportunities and professional development.

The suggestions for organisations involved in downsizing based on participant responses in this case study are summarised in four overall recommendations: Develop survivor skills and build some excitement for the future. Recognise the work and contribution of those that remain in an organisation. Demonstrate personal integrity and concern for people as key values. Provide job and organisational security to whatever extent is possible.
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ACKNOWLEDGEMENTS

I wish to thank the Research Institute of The Queen Elizabeth Hospital, Toronto for their generous funding for this study. Without the financial support over three years, this study would not have been possible. I also wish to acknowledge and thank the participants and the Senior Administrative staff at The Rehabilitation Institute, Toronto for permission and support for the research.

The efforts of Cindy O’Reilly and Rosario Mangdolinden to assist with the administrative side of the research are greatly appreciated. I am grateful for the support over many years of my academic supervisor, Joel Weiss. I also acknowledge my research committee for their time to review the study and make recommendations. I thank my family for valuing achievement and academic excellence. Finally, the encouragement of Ulf Neidhardt in the final stages of this research is greatly appreciated.
CHAPTER ONE: INTRODUCTION

STUDY PURPOSE

The process of job adjustment after downsizing is not very well understood. In general, research has focused on the effects on those that are downsized, or asked to leave an organisation due to restructuring. Surprisingly little systematic attention has been paid to those who are left within an organisation as “survivors” of mergers or restructuring. Research investigating the experience and adjustment required when managers survive a downsizing within an organisation is scarce. The purpose of this study is to examine the thoughts and perceptions of managers adjusting to survivor status after the special time of downsizing. It explores how they describe their experience. The assumption is that their report of experiences reflects their process of adjustment. The setting under investigation is a large Toronto rehabilitation hospital that sustained extensive downsizing and several mergers.

Some hospital managers affected by downsizing have stayed in the same job, while others have substantially new roles. Some may be rethinking their professional direction, while others may perceive themselves as being in alignment with their chosen career track. The study pursues the best possible exploration of their experience.

An analysis of the observations may suggest better ways that managers can be supported during times of job adjustment, downsizing, organisational restructuring or re-engineering. Perhaps the study will lead to a better understanding of the effects of downsizing and restructuring on those who remain. Ultimately, this study and other studies may assist organisations and leaders with the difficult task of coaching staff during and after organisational shifts. The study may also suggest ways that managers (and investigators) can better evaluate their experience of job adjustment. The health care setting was used for this investigation. However, experiences of those who survive an organisational restructuring or downsizing are probably not unique to that setting.

RESEARCH QUESTIONS

This study investigates the experiences of managers adjusting to survivor status after downsizing and organisational restructuring in a large rehabilitative hospital. Any
consistent patterns that emerged from the experience are described. Ultimately, it is hoped that the study will contribute knowledge about how to assist managers in the special times of organisational change due to downsizing.

A single research question forms the focus of this study:

What are the self-reported experiences of hospital managers who survive a major organisational restructuring or downsizing?

It is hoped that the answer to this research question will ultimately provide answers to other significant questions. How can we assist managers who remain with an organisation with their adjustment during and after downsizing? What is their experience of managing at a time of significant organisational change? Is there a way to assess or evaluate progress with job adjustment? Are there educational or management strategies that can assist during those times? What training, support and coaching might be useful? Does the experience of each individual vary? Do any themes emerge which can frame or describe the observations?

THE INVESTIGATOR'S STORY

My story is important to this qualitative research project. It is important that those scrutinising the research understand my position and evaluate the results accordingly. As principal investigator, I was a former employee at the hospital under study. When the Education Department was eliminated in 1994 during a time of a major downsizing and hospital reorganisation, my position as Manager of Education was eliminated. I was fortunate to find other employment and a satisfying work situation within six months after leaving the hospital. That I was a former employee of the hospital is important as context for this study since interviewing is one source of my data for this investigation. As an investigator, my concern is whether interviewees presented in a different way because they knew me and worked with me than they would if I had not worked with them previously. More important is the fact that I was a downsized employee. Would this not affect their responses in some way? For example, would they feel guilt, discomfort or compassion about my leaving the corporation under less than pleasant circumstances? Would some of their feelings about me be projected into our conversations about their
experience as a survivor? Would an interview reflect their true reactions or their knowledge of me as a former employee?

Why was I interested in undertaking this research? After leaving the hospital, I was aware of my own sense of loss and grief. I was not a survivor. I was a victim of job loss. I missed my colleagues at the hospital and kept in touch informally with many of them. Some telephoned to show support and supply the latest news.

Much of this contact was filled with stories about the latest organisational changes, or what was contained in the latest “Organisational Renewal Communiqué.” What amazed me was the extent to which the comments of those left behind paralleled my own pain, and in some cases, loss. Those staying in the organisation seemed to have a great or greater sense of loss than my own. I still cared about my former organisation and the people in it.

As a investigator, I was curious about the experience of those remaining “survivors.” I still had some emotional investment in the organisation and cared about the success of the hospital and those I left behind. I wanted to find out what happened after I left.

The hospital had a Research Institute which received applications for grants to conduct research that they believed might benefit the employees and staff of the hospital. I knew that some studies funded through the Institute had related to organisational effectiveness and other research was of a more clinical nature. I decided that the hospital might be interested in a study of their survivors and approached the Research Institute of The Queen Elizabeth Hospital for funding to undertake the present study. I also discussed the study’s value with the hospital’s President and several Vice-presidents. All of them expressed interest in the results of the study and informally encouraged me to undertake the research.

Most managers who were interviewed were former colleagues and associates. My role as Education Department Manager prior to downsizing often involved gathering pertinent data in confidence to assist managers with planning, problem resolution, team building or training. I often coached managers in ways to foster performance improvement. Therefore, my role as a researcher involved in confidential interviewing is familiar and hopefully, comfortable for participating managers. The impact of my history
with survivors from the hospital on the interview data is uncertain. The elimination of my job understandably had some emotional impact on me. My peers may also have had some feelings about my job loss; their response to my job loss situation could influence this investigation. The study was undertaken more than one year after I was separated from the hospital. In that time, I had found other employment and I was no longer in health care. The organisation and environment I had joined was very different from the one I had left. I saw my new situation as positive, satisfying and challenging. Job loss had given me a positive new opportunity. I was struck by the extent to which colleagues remaining in the organisation did not share that same optimism.

The onus was on me, as investigator, to put this evidence to the test of external validity. The goal was to provide rich, thick description so readers will be able to determine any connection with their own experience. The intent was also to strengthen the validity of the study through use of several different sources of data. It was hoped that observational data, interview data, and documentation in combination would provide multiple perspectives about reality.

It is left to those reading the final descriptions to determine whether the research results are valid for those involved in similar situations as survivors of downsizing in other settings and circumstances. It also remains for those involved in the interviews to read the description presented and to suggest whether the description presented “rings true” and adequately describes their experience. Their response to the collective description of their experiences is part of this investigation. They were asked to read the results and comment on the validity of the observations. In all cases, the participants stated that the emerging themes as described in this narrative “rang true” and resonated with their experience.

**FUNDING FOR THE STUDY**

The funding for this study was through the Research Institute of the Queen Elizabeth Hospital. The goal of the Institute is to fund research that has a meaningful impact for the hospital and its rehabilitative and chronic care patients.

The Institute was founded in 1973 and was the first undertaking of its kind within a chronic care hospital in Canada. In co-operation with the hospital and other teaching
hospitals associated with the University of Toronto, the Institute funds research related to medical, scientific, health and primarily clinical problems found in chronic care patient programs. The bulk of projects funded by the Institute involve study of patients and clinical research. Although the present study related more to the administrative side of rehabilitative and chronic care hospitals than the clinical side, the Institute funded it from 1996-1999 through grant monies.

The study was subject to the Institute's fairly rigorous requirements for consents and an ethical review. Routine updates and reports on progress were also supplied to the Institute on a scheduled basis.

**BACKGROUND**

**Reorganisation of the Hospital: Program Management**

Traditionally, departments in hospitals were organised according to disciplines or functions. Care for a patient depended on the extent to which separate departments could co-ordinate care. A hospital manager assumed responsibility for a functional area such as nursing, physiotherapy, social work, respiratory therapy or another discipline. Typically, their own background included professional preparation in the discipline that they supervised, and they may have been promoted because they were seen to be especially competent at that discipline. Thus, a nurse might become a head nurse or a social worker might be promoted as Director of a Social Work Department. The size of a department and the number of staff supervised depended upon the perceived need of a total patient population in a hospital. A manager generally managed staff with similar formal preparation and background. That is, a Head Nurse managed nurses; a Social Work Director managed social workers and so forth.

More recently, some Canadian hospitals have shifted to organise according to clinical programs and services rather than on disciplines or functions. The movement toward this way of organising work intends to focus more on the patient care process and patient outcomes and is called “Program Management.” The emphasis is on what is done for specific patient groups, and the provision of care is by interdisciplinary staff teams. For example, a traumatic brain injury program will serve the rehabilitative and treatment
needs of head injured patients. Managers of these patient care programs supervise teams of staff with various backgrounds and formal preparation. Program managers typically supervise staff with backgrounds in nursing, occupational therapy, physiotherapy, social work, speech therapy, pharmacy and so forth. In some organisations, support staff may also be part of a program supervised by the program manager. The role is primarily that of a professional manager, rather than a discipline leader. The goal is to provide an integrated approach that focuses on the needs of patients and families with similar care needs.

Some of the movement towards programmatic structuring has arisen from problems in managing care in a discipline-specific environment. For example, some inefficiency may be experienced by patients in how tests and procedures are organised when each discipline sets up its own system. With a functional approach, some patients have complained that professionals duplicated some tasks while not providing others. A major driver of organisational restructuring in Canada has been current and anticipated funding constraints. A programmatic model generally requires fewer middle managers, since each discipline does not require its own supervisor. In some cases, patient programs have resulted in over one hundred staff reporting to a single program manager. The structure generally emphasises professional autonomy and the requirement for greater decision-making by frontline staff.

Restructuring continues to be an organisational reality for Canadian hospitals. Formerly, downsizing and displaced survivors primarily emanated from reductions in hospital bed counts and alternate models in provision of care. Now mergers, acquisitions, restructuring and consolidation continue to result in job elimination with corresponding human impacts. Federal and provincial demands for efficiency have been paralleled by public demand for greater access and information. Typically, low morale, reactionary behaviours and lowered staff productivity have been associated with downsizing and restructuring.\textsuperscript{1, 2, 3} Although health management literature describes a variety of management strategies to accomplish organisational change, there is little scientific evidence of effective ways to coach survivors when they are forced to cope or shift roles as a result of organisational change.
The Rehabilitation Institute: Toronto, Ontario

The hospital was founded in 1873, according to A Separate and Special Place and was originally called “The Toronto Home for the Incurables”. The hospital was a two-storey frame building with a separate house for carriages. The staff of that institution tried to reduce the burden of patients whose chronic and incurable diseases resulted in long-term residency in that institution. They tried to provide a home-like atmosphere according to the book, with positive comfort to patients who were suffering from afflictions for which there was no known cure. The hallmark of the hospital was its accomplishments in humanity and compassion and the creation of a caring home for those who might never live in another setting. In 1961, the name was changed to “The Queen Elizabeth Hospital, Toronto”. There had been a growing desire to remove the word “incurable” from the name and to acknowledge the growing number of patients who were discharged. According to the authors, the philosophy had changed and there was no room for the word “incurable”, since there was a growing belief in the rehabilitation of patients.

By 1984, at the time of the writing of A Separate and Special Place the book stressed a hospital philosophy of humanity. According to the authors, “throughout (these) 110 years of growth, the fundamental commitment to high quality, compassionate patient care has guided our progress”. A slightly different tone appears in a message in the “Afterword” section by C. A. Nordal, the President at that time, “Regrettably, our waiting list continues to lengthen. In an era of budget constraints, the search for affordable, innovative approaches to care has never been more intense.”

In 1997, the name of the hospital changed again to the Rehabilitation Institute of Toronto. The Rehabilitation Institute of Toronto, formerly The Queen Elizabeth Hospital, Toronto, provides complex specialised care with programs in rehabilitation, geriatric service, geriatric psychiatry and chronic long-term care. A need to downsize was brought about by a funding crisis combined with a need for organisational renewal. A high demand for care for frail elderly and complex rehabilitative and chronic care patients has paralleled a demand for fiscal restraint.

An initial downsizing at the hospital meant the closure of 82 out of the 601 long-term care beds with subsequent staff re-allocation in 1992. Specifically, thirteen nurse
aides and fourteen registered nursing assistants were either transferred into vacant positions or reassigned work. Agreements with unions resulted in a “bumping” process for another sixteen registered nurses, since those with more seniority who were to lose their jobs could “bump” more junior nurses from their positions. Additionally, twenty-six casual nurses experienced a reduction in hours of employment (greater than 75%). A variety of other departments experienced lost positions such as Housekeeping, Social Work and other paramedical departments.

In November 1994, a more dramatic restructuring and downsizing occurred eliminating departments and selected positions, especially middle management roles. The hospital was reorganised using a programmatic approach to care. It was believed that the new organisation would better support the need for adequate information, support of accreditation standards and integration with local, regional and provincial approaches to health planning.

Among other principles, the hospital Board and senior administrative staff articulated commitment to retaining quality of care and services, and adopting a strategic approach to organisational change. Strategies such as hiring freezes, voluntary resignation and early retirement were utilised. Some employees and managers were reassigned work, hired into new roles or without a job when their position was discontinued.

The hospital articulated a goal of effecting a smooth transition. Inevitably, many staff experienced a loss of security and were required to change their normal way of doing things. The hospital produced timely bulletins to inform staff, patients and families about the organisational changes. Out-placement counselling was arranged for many displaced during this difficult time.

From September 1994, through May 1996 (2 years), a series of “Organisational Renewal Updates” announced many changes in staffing and manager roles. On June 29, 1996, the Board of Governors of both Hillcrest Hospital and The Queen Elizabeth Hospital, Toronto announced their intention to amalgamate to form one new rehabilitation hospital. In February 1997, the name of the combined hospitals was changed to the Rehabilitation Institute of Toronto. On 23 July 1997, the Health Services Restructuring Commission, which has the mandate to implement and oversee major
health restructuring initiatives throughout Ontario, issued its directives including the amalgamation of the Rehabilitation Institute of Toronto with Lyndhurst Hospital and the Toronto Rehabilitation Centre. Thus, restructuring, downsizing and merging have continued from 1992 to the present time.

A new President and CAO has undertaken the continued management of a new corporate entity. Rehabilitative programs in the new merged operation include acquired brain injury, stroke, geriatrics, geriatric psychiatry and complex continuing care as well as cardiac and musculoskeletal rehabilitation. A dental service for both patients and an outpatient program for individuals with osteoporosis augment several specialised clinics which offer a comprehensive range of services including a Seating Clinic, Augmentative and Alternative Communication Clinic, Chiropody Service and Medical Consultation Clinics.

The Rehabilitation Institute of Toronto is affiliated with the University of Toronto, and it continues to play an educational role in the area of rehabilitation. A hospital that was formerly in two locations is now situated in five sites. The hospital has undertaken several mergers but now has about 100 fewer beds than it did in 1994.

**What Did the Hospital Do to Support Survivors?**

An examination of documents and interviews with Senior Managers was undertaken to understand how the hospital supported surviving managers. Hospital management stated their commitment to open sharing of information among staff, patients, visitors, and stakeholders in the hospital’s future. They wanted to provide the same information to everyone simultaneously and as quickly as possible after decisions were made.

An identifiable appearance was created to identify bulletins related to the restructuring. Staff could easily identify the “Organisational Renewal” documents (as they were called) which were widely distributed, posted on bulletin boards and disseminated through electronic media on a periodic and ongoing basis. Large total staff meetings were held to orally inform staff of the changes and address questions and concerns. Written documents were many over a period of several years and the hospital compiled them into a sizeable reference document called “Organisation Renewal.”
The hospital established a “hot-line” to address immediate staff, patient and family questions. Senior managers saw this service as very important for staff to get their concerns addressed without fear of reprisal. The organisation made efforts to announce structural changes, role changes and downsized positions as early as possible and on an ongoing basis. A communication strategy and plan was put into place throughout the reorganisation. The overall reduction strategy was communicated although senior officials stated that staff did not always see the chosen approach as “fair” and “equitable”. There were programs for displaced workers. People who were laid off received support from outplacement agencies in most cases.

According to Senior Administrators, the hospital “didn’t do enough” to support managers through the changes. They worked to follow the advice of a large consulting firm (Price Waterhouse Coopers) which supported the restructuring and downsizing project. According to a senior manager, “We were asked by the consulting firm to read a book called Restructuring Healthcare – The Patient-Focused Paradigm.7 The book largely described the pros and cons of undertaking major organisational shifts.” The official lamented that the book did not really address the human side of implementing the changes.

Management forums were altered in focus so that they were no longer just for managers. Those and other meetings were open to all levels of staff. Similarly, Board of Governors’ meetings were open to anyone interested. These were efforts to increase communications and promote shared understandings of events and future plans.

Prior to initiating the restructuring project, a proposal was developed with the assistance of the external consultants. The proposal identified three phases as part of the restructuring plan. Very little support, if any, for internal surviving staff was identified as part of the plan.

No orientation was provided for Program Directors. According to one Senior Administrator, all staff newly hired to this position left within a year or two. Exit interviews were conducted and lack of support for this management role was identified as a major issue. He stated, “We promised greater empowerment and support to Program Directors, but nothing changed and they were asked to function in a controlling
environment.” Change management was not something actively promoted according to the same administrator.

In an effort to address concerns and increase communications with staff, senior administrators started an informal “coffee” with Senior Management at all major hospital locations. This activity took place monthly at each site. The public relations department set up the schedule and promoted the sessions through electronic mail. A regular newsletter organised by that department included a question and answer section to address some of the issues raised through the hot line and reported through other channels.

“The overall plan for restructuring involved 260 steps with deadlines and time frames,” a hospital administrator lamented. “The steps didn’t really address prevention of low morale or how to introduce the changes at each step.”

“The way revamping the inventory system was handled was not effective,” according to a Senior Manager. “The impact on staff was tremendous. The rationale behind the changes was not explained and the changes were simply imposed. As a result, staff morale in that section plummeted and productivity decreased. We did better when we introduced the loss of one-third of our kitchen staff,” according to the same Senior Official.

“Maybe we should have made attending a Change Management course mandatory,” lamented another member of the senior staff. In June of 1998, the hospital Human Resources Department undertook interviews with individuals and focus groups to explore the question “what have we learned during the restructuring?” The goal was to learn how to support management and frontline staff through additional changes. Additionally, a Human Resources advisory group was established to identify human resource issues arising during the ongoing mergers and restructuring as the hospital evolved. The results of these efforts were still uncertain to the administrators interviewed.

An employee assistance program was established just after the restructuring process began and was used extensively according to one of the hospital officials interviewed. The same official lamented, “people who stayed got treated worse than people who were laid off... our attitude was if they don’t get out of the grieving mode, we’ll move on without them.” The official continued, “we expanded roles and now they
are starting to shrink again. But none of the past paramedical department heads that might have managed some of these roles are around. We are re-creating positions that we eliminated earlier. The human toll on survivors experiencing these changes is extensive.

What follows is a review of literature related to downsizing and job adjustment, with a focus on survivors. Since the adjustment experiences of survivors may have something in common with that of new employees, the literature related to employee induction is reviewed. Finally, a discussion of models and theories in the literature, which may be relevant to observations in this study, are presented.
CHAPTER TWO: REVIEW OF LITERATURE

DOWNSIZING LITERATURE

What literature can help us learn what is known about the experience of surviving managers? As a first step, studies of downsizing and restructuring were explored. Very little formal research was found. Much of the literature focused on the how-to of communication and lay-offs. The literature on survivors stressed the need to deal with those who remain in the organisation. Some effort was made to describe the observed responses of survivors. Although the origin of the term “survivor syndrome” is unknown, it appeared in the literature and described the losses that are experienced during organisational change such as downsizing. It is clear that many organisations recognise that those who remain in the organisation undergo some kind of profound anxiety.

The most comprehensive study was found in the book Survivors by Gayle Caplan and Mary Teese. That study involved interviews of dozens of staff in a variety of industries, with a goal of establishing how staff behave when they remain in organisations. It intended to establish what companies must do to retain staff and regain their productivity. Ultimately, that study concluded that staff were happy to have avoided being eliminated from the organisation.

The results of that study classified organisational responses to downsizing under three distinct staff behaviour types:

1. The “Foot Out the Doors” are high performing employees who continue to produce, but discreetly look for opportunities to be employed elsewhere. The “Foot Out the Doors” employees want to leave but not because they are worried about keeping their job. Their desire to go stems from concerns about whether the organisation will live out what they had envisioned as a positive future in the longer term. Their desire to go rests with the negative work environment they experience as the organisation goes through the transitions. They believe that their own career goals are not consistent with the emerging culture. At some point, they lose patience with what they see as the rationale behind changes or the poor way in which management introduces them. They continue to be productive while they explore employment opportunities outside their current workplace.
2. The “Wait and Sees” have a substantial emotional response to the changes. They may be angry, feel betrayed and have other emotional reactions to the experience of downsizing. They are not indifferent to the future, but are focused on their own experience of the changes in the here and now. Their concern for the present leads them to want “quick fixes” to the issues that arise. As a result of their reactive behaviour, they have placed themselves in a position of waiting to see what the company will do and whether the company will meet their needs.

3. The “Ride it Outs” are most likely to stay in the organisation but are also oriented towards the past. They appear to be living in the past, and denying that there is a requirement to do things differently. Their tendency is to maintain a low profile and a position that they believe to be safe. They have a high need to avoid risks and value feeling connected to the organisation and the people in it. According to the researchers, the “Ride it Outs” find various rounds of downsizing progressively more painful and upsetting. Their basic plan is to lie low and hope not to have it discovered that they are experiencing tremendous difficulty in making any adjustments and in keeping up with the demands of the new organisation.

That research has contributed information about behaviours that managers may observe among survivors. The results can help us understand what staff are likely to do (external behaviours) in downsizing situations. The study also suggested ways in which companies may attempt to regain employee commitment and productivity.

The present study differs, since it explored the inner world of surviving managers. It is a case study of survivor experiences in the health care setting. It also examined the perceptions of survivors about what helped them to survive. It did not attempt to classify behaviours as in the previous study but provided evidence of any possible themes in the experiences of survivors. The present study also focused exclusively on managers as a survivor group. Managers are survivors who have been put in the unenviable position of needing to lead and supervise staff although they must also cope with any personal impacts from the downsizing experience.
Industries Affected

A variety of industries have experienced downsizing and restructuring in recent decades. According to Applebaum, "Downsizing is the (systematic) reduction of a workforce by an employer in a variety of ways - usually as a result of some external considerations such as losses, cashflow difficulties and technological changes. Techniques used may include hiring freezes, early retirement programs, transfers and terminations, with variations on each."9

Coping with change and economic uncertainty continues to be the major challenge of the current and past decades. When the economic recession of the 1980’s and 1990’s deepened, many major companies restructured and downsized. As we enter the twenty-first century, companies continue to engage in mergers and acquisitions, with resulting human impacts, including terminations. The financial goals of these mergers are not always achieved. Most organisations involved in mergers and acquisitions have a difficult time with the people issues.

The practical experience of a large number of organisations has led to a growing body of literature on downsizing and restructuring. Of primary concern are strategies to re-engineer or alter corporate structures to achieve better business viability. Virtually every industry was affected in the public and private sectors during the late 1980’s and early 1990’s according to Lee (1992). That author stated, "Restructuring - merging, downsizing and demystifying has eliminated some 3.4 million jobs over the past 10 years from the ranks of the FORTUNE 500 industrial companies alone...."10 Lee continued, "Large corporations have already announced plans to cut another 556,000 jobs this year."11 The author suggested that compared to other positions, middle management was the hardest hit by job loss at that time.

Greenberg asserted that in the 1990’s, manufacturing industries were hit harder by the economic need to cut back, compared to service industries. That author stated, "Nearly six out of ten large (manufacturing) firms, defined as those with more than $500 million in annual sales, reported a reduction (over 18 months), with an average of 2,770 employees (or 8.9% of the workforce) let go."12

A variety of forces have created the need to restructure; economic factors are only part of the cause. In the power industry in the 1990’s, Alberta Power (1992)13 described
the climate of change as more than an economic slow-down. Kemper (1993) made similar comments about the aerospace industry, “Aerospace firms around the world are in a vicious shake out.”14 Similar statements were made about other organisations, such as IBM: “One of the world’s oldest and largest telecommunications manufacturing firms is undergoing vast changes throughout its entire infrastructure.”15

According to Head and Hickel (1989), “many companies restructured to more effectively meet such challenges as shortening product life cycles, rapidly evolving technology, and intensifying, often multinational competition.”16 According to Peterson and Kennedy,17 “After painful deliberations and soul-searching, the leadership of New England Electric System Companies (NEES) headquartered in Westborough, Massachusetts, determined that they must take a hard look at the companies that comprise the New England utility and seek a leaner and more agile organisation to meet the competitive realities of the 1990’s.”18

A study was conducted by Right Management Consultants in 1999 of over 179 Canadian Organisations involved in restructuring as a result of mergers and acquisitions. According to the investigators, all 179 organisations from virtually all major sectors “encountered common problems in successfully implementing the human aspects of the merger.”19 Based on indices that measured a link between planning for the people side of the merger and success with the merger, they concluded, “planning and implementing the human side of a merger or acquisition is clearly tied to success in reaching business objectives.”20

As companies cut budgets, reduce costs, redesign work, re-engineer systems, merge with other businesses and restructure, managers are continually challenged to do more with less. Total quality management tools and principles, process improvement or re-engineered services are incorporated to stimulate enterprise and foster employee creativity. Employees at lower levels are empowered to make decisions about improving work processes. Those closest to the customer are charged with improving service delivery. Thus, Nestle Corporation announced “15 food and beverage companies in the United States were restructured into six business units aligned by products or services... It will shorten our lines of communication, foster teamwork among our business units and
allow our company to take advantage of practical synergies and be more competitive in the marketplace.\textsuperscript{21}

Economic demands, eCommerce and a global marketplace have pushed some organisations into exploration of new ways to do business. In an effort to enhance employee productivity, some agencies have worked to shift organisational cultures from an authoritarian hierarchical "pyramid" style of management to a so-called reverse pyramid that encourages greater employee participation. The goal of employee involvement has been increased decision-making by staff closest to the customer. The intent is to increase customer satisfaction and increase profits.

Generally, changes in organisations are occurring so that they can be more competitive in the marketplace. Organisations want to be as lean and agile as they can to succeed. Expanding competition, increasing costs, technology changes and a global economy are all contributing to organisational streamlining. Companies want to become leaner, quicker and more aggressive - - doing whatever it takes to meet market needs and increase profitability. Companies struggle to meet the challenges of communication amidst the complexity. Thus, Federated Department Stores, Inc. and Allied Store Corporation filed petitions for reorganisation under Chapter 11 of the U.S. Bankruptcy Code in 1990. According to that company, "The company's ability to survive in a competitive marketplace - - and its ability to maintain its strength so as to eventually emerge from bankruptcy - -hinged on the ability to communicate accurate information about the bankruptcy process on a very timely basis to internal audiences (including about 100,000 employees at 300 locations nation-wide), as well as to external audiences, which included vendors, factors, creditors, analysts, media and government officials."\textsuperscript{22}

Kepner Tregoe Inc., (1994) conducted research on downsizing and restructuring initiatives. They found that companies involved once in such initiatives are more likely to undertake another one. Many organisations claim to be creating a better long-range future. However, their study found that "Organisations focused on the immediate bottom-line return of such initiatives, rather than the long-term competitive health of their companies."\textsuperscript{23} Participants in the Right Management Consultants Canadian study involved in mergers and acquisitions were from all sectors, private and public. They were also well distributed in terms of size from less than 250 to greater than 10,000 employees.
Thus, they concluded that it did not matter whether an organisation was private or public, "it is still perhaps too common that mergers and acquisitions are approached primarily as financial transactions, with people issues addressed as secondary rather than as central to the success of the combined firms."²⁴

Has downsizing and restructuring continued? Although many economists have suggested a turn around affecting private businesses that has led to a better job market, the trend toward greater downsizing through acquisitions and mergers has continued beyond the 90's, according to Karen Van der Linden (1998).²⁵ She stated, "we may be tired of the words downsizing, restructuring and re-engineering, but they aren't going away. Organisations will continue to undergo these changes in the years ahead."

The Right Management Consultants study concurs with this conclusion. They observe, "the extensive corporate downsizing since the eighties has had a profound effect on virtually every major organisation in the world and its employees. Having said that, we believe that the staggering amount of merger and acquisition activity currently taking place is resulting in an even greater magnitude of change."²⁶

Impact On Survivors

Universally, the impact of downsizing is profound for those organisations that right size, restructure or retool. According to Kemper (1993), "In one sense it doesn't really matter how you say it, it all adds up to the same thing: wrenching change in the work lives of millions of people.... Fear and anxiety run rampant, resistance rises, productivity drains away." Kemper (1993) continued, "people stop doing their jobs and start asking 'What's going to happen to me?'"²⁷

The personal distress that employees experience in times of job adjustment has been described by Scott and Jaffe.²⁸ "The organisational challenge we see most frequently comes after a major change or disruption in the company: downsizing, shift to a new workplace, merger or massive reorganisation. Employees are simply incapable of performing the way they did before the change."

Numerous authors have described lowered morale during times of organisational change. According to the study by Kepner Tregoe, Inc. (1994), "When asked to rate their employees' reaction to organisational initiatives, more than 60 percent of executives
described employees as neutral, sceptical or downright resistant. Only about one in three said their employees were positive or enthusiastic. Workers themselves reported even stronger cynicism."

The Campbell Soup Company (1993) conducted interviews to evaluate the impact of their communication efforts during downsizing. Although the communication strategy was lauded as one of the best anywhere, many employees described the downsizing as a nightmare. The personal impact for those laid off can not be minimised. Some described the feeling that a lot of years had gone down the drain. Others fondly remembered stability and pleasant company events in years gone by and then lamented the impact that job loss would have on the lives of those involved.

When organisational changes are met by employee negativity, executives become frustrated and may blame the attitudes of staff for any failure to achieve business results. According to Kepner Tregoe, Inc., “Lack of employee buy-in, commitment and difficulty in changing the corporate culture were cited several times...” as predictors of failures with downsizing initiatives.

Although employees react differently to change, some have suggested that a grieving process occurs, not unlike the stages of coping with death and dying identified by Elizabeth Kubler-Ross and others. According to Scott and Jaffe (1988), denial is typically the first phase when staff act as though it is business as usual. Then resistance occurs when emotions emerge as staff focus on the impact to them. When employees draw on their inner resources to move into the future, a stage of exploration begins. Finally, as roles and responsibilities are accepted, a phase of new commitment begins.

Ken Mark (1993) stressed the impact of these reactions beyond the altered morale of employees. “The transition can take up to two years, in which time employees experience periods of shock, denial, fear, anger and loss of self-confidence.” He continued, “As with most stress induced ailments, the survivors may feel anger and take more sick days due to colds, headaches or stomach problems. They may also become less inclined to take risks and concentrate more on personal performance than teamwork.”

In addition to lowered productivity, the impact of organisational change may include increased turnover and damage to the reputation of a company. Mallon (1994) stated, “Companies not committed to good employee relations face major consequences.
Among them are: high staff turnover; fewer and fewer attractive job candidates; and, of course, low productivity levels, ultimately resulting in decreased revenues per employee.\textsuperscript{34}

Kepner Tregoe, Inc. (1994), emphasised the substantial impact of downsizing or restructuring on general workforce capability. According to the authors, “Many companies, in downsizing their workforces, have also lost key employees and capabilities. The result has been a steady drain on the human assets of organisations.”\textsuperscript{35}

From a psychosocial perspective, much of the literature discussed ways to support or communicate with those whose jobs are lost. Relocation counselling, severance packages, early retirement, voluntary resignation, and retraining programs were suggested as important components of a downsizing exercise.

Job adjustment for those who remain after the downsizing has also been a major concern. Individuals left in an organisation in the time immediately after downsizing are commonly referred to as survivors and according to Ken Mark (1993) there is a “survivor syndrome”. According to Mark, the survivors are considered lucky because they still have jobs. “But life in a changing organisation is not going to be easy for the survivors. They face longer hours of work and more pressure to produce.”\textsuperscript{36} He continued, “If companies don’t address survivors’ concerns, they may end up with an inhibited workforce at a time when leadership and creativity are needed.”\textsuperscript{37}

Ackley (1993) also described the effect on those who are left behind. “The employees who are not affected - - if there are any - - sometimes are overlooked. They too may suffer stress including what’s been called ‘survivor syndrome’ - - the guilt of escaping the actions that affected their co-workers and friends.”\textsuperscript{38} Mercer (1993) stated more strongly that if an organisation has not managed the survivors to assure their productivity, the restructuring has failed.\textsuperscript{39}

Lee (1992) went further and expressed concern that the plunge in morale may result in little of the hoped for benefit in the altered organisation. He suggested, “the combination of working more hours, doing more with less and fighting uncertainty can be a lethal one.” He described the pain and anger in survivors. “Stress, bred of uncertainty and the necessity to do more with less, skyrockets... Those who remain often experience guilt; they keep their jobs while former co-workers struggle... Stressed out survivors
often end up envious of former co-workers... - they, at least, escaped the misery of life after downsizing.\(^4\)

Employees who continue to be employed after downsizing may have an increase in work-related problems leading to health problems according to Merry and Singer (1994).\(^4\) The authors recommended that employers provide preventive treatment before the major change occurs. It is generally suggested that the survivors require a healing process. Arndt and Duchemin (1993)\(^2\) suggested that emotional support and education occur before, during and after the downsizing to assure success with the painful transition.

Fisher (1990) described the effect as a “Middle management malaise” or “leaner and meaner blues”. According to that author, the reactions of survivors are related to the way the laid-off are treated. The author quoted a Midwestern manufacturing company manager, “if you’re nasty to the people who are leaving, morale takes a terrible dive because those who stay conclude that they’re working for a bunch of sadistic idiots.”\(^4\)

Vincent (1993) suggested that concepts of loyalty may change among those who remain in an organisation. She believed that the goal in managing survivors is to manage adjustment to achieve commitment. She stated, “Management is responsible for helping employees recommit to their jobs.”\(^4\) The study by Kepner Tregoe, Inc. reinforced this concept. It concluded, “For employees left behind, the face of ‘company loyalty’ has been permanently altered, and cynicism abounds. Just when organisations need to be at their very best, they are hobbled, in a sense, by themselves.”\(^4\) That study found that executives understand the dangers of failing to gain employee commitment but largely attribute any success they achieve or improved employee performance to altered structures and systems.

The same investigators concluded that system-driven change is more likely to fail than not to fail. Merry and Singer (1994) agreed, “without both a broad understanding and careful planning of the human side of change, new systems are quite likely to be less effective than planned, and possibly move the organisation farther from, rather than closer to, its desired goals.”\(^4\) The Kepner Tregoe, Inc. study also concluded, “We found sharp distinctions between the executive view of organisational change and how workers
perceive such change initiatives. These distinctions confirm that organisations are ploughing ahead with ‘change’ and leaving their people behind.\textsuperscript{47}

**Implications for Survivors**

A variety of opinions appeared about how to manage survivors and/or manage a downsizing. Mark (1993) outlined some specific strategies to address the anxiety and perceptions of survivors of a re-organisation. He suggested that survivors need help in replacing old definitions of job security with a new work ethic. Managers need to “clearly indicate changes in expectations as they occur so that employees can keep up with the emerging organisation.”\textsuperscript{48} He submitted that managers “acknowledge individual and team efforts to demonstrate how individual contributions are helping the team reach its objectives.”\textsuperscript{49} One stress for survivors can be the requirement to do more with less. Mark offered, “Get employees involved in improving the way the organisation does work. ...give employees a formal outlet where they can vent.”\textsuperscript{50}

Scott and Jaffe (1988)\textsuperscript{51} suggested providing survivors with specific strategies to assist with personal adjustment during each phase of the transition. For example, they proposed that managers provide accurate timely information to help staff face the reality of the situation and move from denial. The resistance phase may be a time for holding meetings to allow venting, clearing up any misconceptions and active listening. During the exploration phase, the authors advise assisting staff to make informed choices by providing information and facts. Finally, when staff are ready to commit to the new situation, planning, goal setting and action planning may be useful activities.

Vincent (1993)\textsuperscript{52} proposed several basic steps to assist with restructuring or downsizing. She suggested that companies hold honest, clear, up-front discussions about new expectations and the new situation to “clear the air”. “Reassure employees that their reactions to this situation - major changes in their work life - are normal... . Focus on the employee’s own job and work unit, areas she or he realistically may be prepared to commit to.”\textsuperscript{53}

Vincent stressed the need to make expectations of employees clear. “In a streamlined environment, people may need to expand their concept of how they will be rewarded for their commitment to productivity.”\textsuperscript{54} Last, the authors emphasised
synchronising interests by helping each staff member establish short and long-term career goals. The planning is to include a discussion of what the company can do to support these goals. Additionally, employees are asked to describe what they can provide to the organisation in return for support for those career goals.

Timely information sharing and communication has been a much-discussed subject in the literature. Numerous authors suggested that any bad news information shared with staff, the public and stakeholders needs to be presented in a deliberate and timely manner. Audiences need to receive messages at the same time and this requires co-ordination. To the extent that messages can occur over time and slowly, there is better opportunity to deal with the emotional demands of survivors.

Pitzer (1993) created a ten-step checklist to use in announcing the bad news to staff and others. The communication principles are as follows:

1. Describe the news in a clear straightforward manner.
2. Explain why the action is being taken.
3. Explain how the decision is fair to as many groups as possible, including employees, shareholders and customers.
4. Involve a high-status messenger in delivering the message.
5. Deliver the news in a timely manner.
6. Identify who made the decision and what process was used.
7. Describe the effort that went into the decision.
8. Outline some of the alternatives that were considered.
9. Show that the organisation cares about employees.
10. Describe what action is required and what, if anything, can be done to change the decision or help avoid the problem in the future.55

According to Ackley (1993), “Communicating bad news to employees is one of the most important and difficult challenges organisations face."56 He outlined principles to follow in effective communication. First and foremost, the author stressed honesty about the situation. “Without a well-established framework that supports a dialogue of full disclosure, there’s very little that can be done at the last minute to make communication of bad news anything other than a disastrous disappointment."57

Ackley emphasised the need for supervisors to be fully informed so that they can address the concerns of staff and remain fully supportive. He suggested that dialogue between managers and staff will help lay the issues to rest as quickly as they arise. Contingency plans for communication are also offered by the author. He observed that
communication can go wrong and being ready for this inevitability is essential to the process.

Caplan and Teese (1997)\textsuperscript{58} suggested that organisations must create a change plan and manage the competence, connection and commitment of employees. They proposed that plans consider creation of an ‘interim organisation’. According to the authors, during this time “The organisation is in a time of chaos, a time marked by unbridled energy, excitement, creativity and confusion.” This bears some resemblance to the “neutral zone” described by Bridges (1988)\textsuperscript{59} as a time of transition. The authors stated that above all “the interim organisation has to be legitimised. Legitimising and naming the interim organisation normalises this phase and helps survivors make sense of what is going on...Legitimising the interim organisation acts as a reaffirmation and reassurance to survivors that the organisation is in transition. It is an affirmation as well that what employees are doing is of value.”

Finally, it is submitted that managing the rumour mill or grapevine is an essential part of the process. Honest, candid disclosure is suggested at all times. As Ackley stated, “When bad news is not as bad as the worst alternative, employees sometimes are relieved to hear it.”\textsuperscript{60}

The general consensus in the literature is that fears and concerns can be met by honest dialogue and communication in a company. Such dialogues are seen to be a way of creating a new culture or atmosphere conducive to the desired changes. According to Kemper (1993), “Most people heal faster when they are told the truth....Employees who are told the truth about turbulence in the work place are likely to react more appropriately and ‘heal’ more quickly.”\textsuperscript{61} The suggestion is that the candour will result in higher productivity, sooner, after any organisational changes.

A strategy used by the Swedish Goteborg Energy Company to accomplish change was use of employee focus groups to move past efficiency to effectiveness through use of employee suggestions during the restructuring.\textsuperscript{62} It has been argued by numerous authors that employee participation is a vital change management strategy to obtain buy-in, obtain feedback and build commitment to the evolving new situation.

Applebaum and others (1990)\textsuperscript{63} suggested rebuilding confidence in survivors as a formalised step in the downsizing process. They recommended use of formalised public
relations programs to rebuild confidence. They also stated that counselling, retraining and role clarification are all worth considering as strategies to re-build an organisation. According to the authors, “the same amount of time and effort that was spent on the actual staff reduction must now be devoted to rebuilding confidence, support and trust.”

Mercer (1993) stressed the importance of management training during times of organisational restructuring: “It takes special skills to keep employees motivated and to coach them through periods of change. These managers need a forum for addressing their personal concerns about their own jobs and what’s happening before they can be effective coaches of other people.”

Ackley supported the need for training to support surviving managers in their coaching role, “Often the most overlooked audience consists of the people involved in sending the message and handling the responses. These people suffer a great deal of stress.”

A dramatic study by Mervis and Marks (1992) showed that when employees were realistically prepared and coached during a merger, they performed better and had better attitudes than had a group for which nothing unusual was done.

Kemper (1993) suggested that managers need to coach staff in at least two important areas: first, the uncertainty about how the new structure will work; second, the pain and loss that will occur due to loss of colleagues, jobs and “perks”. The implication is that effective coaching of surviving staff during the downsizing, restructuring or change process may greatly assist with their adjustment.

We learn from the downsizing literature that restructuring is a continuing reality for both public and private organisations. Various suggestions have been made about the ways an organisation can assist during these difficult times. This research (see Background) shows that very few of the suggestions from the literature were used in the hospital setting under study. Although the hospital implemented a dynamic communications plan, information sharing was almost all that was structured to support survivors.

**JOB ADJUSTMENT LITERATURE**

The downsizing literature stressed the importance of various strategies to support surviving managers and help them adjust to the new situation. Invariably, the new
structure presents staff and managers with a "new" job, that is, either they are in a brand new role, or responsibilities and workload are substantially altered. An examination of the literature related to job adjustment, along with exploration of the literature about what can help those starting new jobs, may be pertinent to this research. The previous literature described experiences related to supporting survivors during complex organisational change. Our understanding of how organisations can assist survivors may also be broadened by a study of theories related to social learning, reinforcement, motivation and change management. It is also important to explore what is known about how workers adjust to a job and organisation.

Defining Job Adjustment

A number of topics related to job adjustment have been investigated: job satisfaction, socialisation, organisational induction and theories of adaptation. The fields of industrial, social and educational psychology provided some understanding of the job adjustment experience, along with studies of organisation behaviour. There appears to be no scientific field called job adjustment. As Wilson (1972) stated, "Surprisingly little is known about how people adapt to new job situations."69 Yet how well employees adjust to their jobs may make the difference between whether they stay or leave an organisation with any resulting costs associated with job turnover. Significant personal costs may also be associated with the trauma and frustration of downsizing.

A distinction should be made between job satisfaction, job adjustment and organisational socialisation. Although these are all similar, they are different in important ways. According to Gruneberg (1979),70 job satisfaction generally refers to the extent that staff feel contented and job adjustment is the process of adaptation to a job and workplace. Organisational socialisation is the process by which staff learn the values, expected behaviours and social knowledge connected with their role.71 The three areas may be related, but the distinction is important since the process of adaptation to a new job after downsizing is the subject of this investigation and not job satisfaction or organisational socialisation.

In 1978, Gruneberg estimated that over three thousand articles or dissertations had been written about job satisfaction.72 Despite the wealth of literature, the relationship
between job satisfaction and job adjustment has not been established. Efforts to link job satisfaction and dissatisfaction with specific behaviours have generally failed to establish a relationship.

Is the Job Adjustment of Survivors like that of New Workers?

Is it possible that the experiences of those starting a new job are similar to those adjusting to changes in an altered organisation? If so, an examination of induction studies may assist us to understand the experience of job adjustment after restructuring. Unfortunately, the literature examining job adjustment for new employees is limited.

Lynne Alex suggested, “Following a merger or acquisition there certainly is a lot of ‘adjustment’ required.” That author proposed providing orientation as a way of assisting staff to adjust and get their bearings in the new world. That author asserted that there is a need to help staff feel welcome, understand the new ways of operating, get information to do their job in the new world of work and understand any new operating policies or procedures. Alex suggested that in most respects an employee who has survived a merger or downsizing will need to be treated as new employee would be, even to the extent of explaining any new work location, job duties and reporting relationships.

According to Edward Betof, “About 40 percent of managers and executives receiving promotions or winning new positions fail within the first 18 months in their new jobs.” According to his study, interviewed subjects described an inability to adjust due to one or more of the following reasons:

- Newly hired or promoted managers and executives were confused about what their bosses expected of them.
- They were unable or unwilling to make tough business decisions.
- The learning curve was too steep. It took too long for managers and executives to learn the elements of their jobs.
- They failed to build successful team relationships and partnerships with subordinates and peers.
- Internal politics tripped them up. They lacked the savvy required to crack the political network that underlies many organisations.
- Failed managers and executives could not effectively balance their professional and personal lives.
It is generally acknowledged that a combination of general information about an organisation combined with job-specific training during induction will result in greater productivity on the job. Although not substantiated, it is also believed that improved adjustment to the workplace results from organisational and individual orientation strategies.

Research to substantiate these claims is growing. Kotter\textsuperscript{76} found that orientation of staff by supervisors was enhanced by providing rewards and training for supervisors. When there was an organised recognition program, a 300\% increase in the number of new employees staying with the company occurred. Additionally, job satisfaction increased for new employees, supervisors were less frustrated, and there was an estimated saving of $300,000 annually.

Gomersall and Myers,\textsuperscript{77} at Texas instruments, found that orientation programs reduced anxiety, which in turn increased competence, heightened satisfaction and lowered turnover. Specifically, job learning time was shortened by one-half, training costs were lowered one-third, absenteeism and tardiness dropped to half the normal level, waste and rejects were reduced to one-fifth, and costs were cut as much as 15 to 30 percent.

Zemke\textsuperscript{78} reported success achieved by Corning which targeted a seventeen percent reduction in turnover as their orientation goal among the 200 to 300 engineers, technicians, opticians, designers and others that they hired in a year. According to Zemke, Corning was surprised to find, after two years, that turnover among members of their experimental group was 69\% lower than among a comparable control group.

A longitudinal analysis of links to newcomers' commitment and role orientation and socialisation tactics was conducted by Allen and Meyer (1990).\textsuperscript{79} Previously it was thought that an innovative role orientation might be in conflict with achieving employee commitment. The authors' study demonstrated otherwise and they concluded, “Although tactics that are positively linked to role innovation are negatively related to organisational commitment in the short term, the long-term relations are, for the most part, negligible. Moreover, the tactics with the strongest impacts on role orientation and organisational commitment appear to be quite different, suggesting that organisations can tailor their socialisation practices to foster in their employees a desired organisational commitment-
role orientation profile." Is it possible that similar impacts may be achieved during organisational restructuring?

Results of a survey described by Carter and Hayek (1993) suggested that informal methods of learning for new managers were more important than formalised courses and methods of orientation. They concluded, "The vast majority - more than eighty-five percent - identified their most valuable lessons as those learned from their bosses, their peers and their employees on the job."

Zemke (1989) emphasised the role that a supervisor plays in influencing new employees. It is suggested that the supervisor is the key influence in explaining goals and expectations, reducing jitters and uncertainty and helping employees learn the real ropes of the organisation. Again, would survivors of downsizing and restructuring benefit from similar coaching efforts? Is design and provision of an orientation program for survivors a way to assist with their job adjustment?

**What Assists Workers to Adjust or Adapt?**

Sherer postulated that an individual’s adaptive skills may make a difference in successful adjustment to a job or work. The author suggested that these competencies are developed at a very early age and “centre around how (a) person interacts with his or her world.” Although the model presented is conceptual, the listed adaptive skills may be instructive in understanding the job adjustment process. Sherer first asserted that three separate sets of job-related skills may make the difference between success and failure on the job. There is the ability to handle the work content itself. Then there are functional skills such as public speaking or leading a meeting. Such skills are transferable, according to Sherer.

Finally, there are the eleven adaptive skills including abilities to: expose oneself to new learning experiences, deal with authority, be aware of one’s emotional state and handle it appropriately, receive feedback, give feedback to others, self-correct and learn from experience, maintain an accurate self-image and self-esteem, adapt to fluctuations in self-esteem, be aware of the impact their behaviour has on others, demonstrate congruence or naturalness, and confront conflict. Sherer’s suggestion is that individuals
who are open to achieving insight in these dimensions will have a better chance at “wholeness” in the work setting.

Pareek\(^8\) proposed that a number of variables contribute to adjustment and high job performance including psychological factors. According to Pareek, adjustment, in part, is a function of the extent to which one feels frustrated or able to demonstrate competence in a job. Some individuals not only perform in a way that meets others’ expectations at work but also creatively take initiative to make their role comply with their own expectations. Pareek defined role efficacy as the extent to which a role has the potential to integrate an individual’s and an organisation’s expectations.

Ten dimensions present in a role contribute to the efficacy of that role: perceived significance of the role ("Centrality"); integration between self and role ("Integration"); independent initiative by role occupant ("Proactivity"); new experience in a role ("Creativity"), interdependence with others ("Linkage"); perception that one can give and receive help ("Helping"); role contribution to a ‘larger’ entity ("Superordination"); influence over decision-making, advice, implementation or problem-solving ("Influence"); opportunities for growth ("Growth"); and when problems arise, they can be confronted and solved ("Confrontation")\(^8\)

The suggestion is that, by analysing these dimensions of role efficacy and building in ways to redefine a role, individuals may be assisted with adjustment to the job.

Gruneberg\(^8\) cited studies concerning the importance of expectations in job adjustment and satisfaction. Giving staff information and fostering realistic expectations was shown to have a positive effect on turnover. He stated,"If it is clear to an individual that what he values from a job can not be met, then he will not join the organisation in the first place. Secondly, those who do join will, perhaps, pay more attention to the values, which can be fulfilled, and which they may not have realised were present on the job. These values will then act as compensation for others which can not be fulfilled."\(^9\)

The same author observed that turnover has been shown to be related to job content, supervisory behaviours, pay and social relationships. Additionally, some investigators have shown that males and females are treated differently in organisations and adjust differently. A study by Hulin and Smith\(^9\) found that females were generally
paid less, had fewer recognition opportunities and were generally less satisfied in their jobs than men. Job satisfaction has also been shown to be related to age and individual characteristics.

THEORETICAL FRAMEWORKS

Organisations often go to great lengths to attract, retain and motivate workers. Much of the organisational behaviour literature suggested that if work behaviour is facilitated and encouraged, individuals will feel motivated or energised. It seems reasonable to suppose that job adjustment may be enhanced if human needs are met on the job. Four theories relevant to this discussion are Social Learning Theory, Reinforcement Theory, Motivational Theory and Change Management Theory.

Social Learning Theory has been described by Bandura as having the basic concept that any behaviour will be modified according to consequences. The theory also implies that the way one learns in the work setting is through imitation of others and through observation. The suggestion is that job adjustment may be enhanced if one has models (such as a manager or co-worker) who demonstrate desirable behaviours. Such individuals may also help communicate the values or goals that will assist one to adjust on the job.

Reinforcement Theory proposes that natural or planned rewards for a worker may influence the likelihood that the employee will repeat behaviour. Thus, if reinforcement for desired behaviours occurred in a new job setting, it is likely that an individual would repeat those behaviours. If repetition of desirable behaviours leads to greater job adjustment, one may expect better adjustment with positive reinforcement.

Motivational theorists such as McClelland, Maslow, Alderfer, or Herzberg explained behaviour in terms of human needs or motives. Their theories seek to explain what energises and sustains the behaviour or employees. If job adjustment is related to motivation, one might expect adjustment to be better if individuals have their needs met for self-esteem, power, affiliation, achievement, recognition or other factors. Or, as with integrated theories of motivation work performance and adjustment may be related to individual attributes, work effort and resulting support or recognition.
Perhaps of greatest significance for this study are **Change Management Theories** which describe models to guide the implementation and management of organisational transitions. Although the theorists acknowledge that there are no sure ways to implement change, strategies have been identified to manage the process whether it involves a shift in technology, a major downsizing or meeting of new market challenges. The efficacy and success of application of theories has not been established.

Classic change management theory originated with Kurt Lewin\(^5\)\(^6\)\(^7\) who suggested that change has three primary phases: unfreezing, moving and refreezing. Lewin’s Force Field Analysis expresses the theory that if one analyses the opposing forces for and against the changes being introduced, one can look for ways to move from the status quo to increasing forces for the change. In Lewin’s theory, a goal is to thaw attitudes to gain acceptance for the changes.

More recently, some theorists have introduced theories of continual transition or transformation as distinctly different from previous change management thinking. In particular, they observe that a “refreezing state” is non-existent or even undesirable in today’s work environment and workplaces may be better served by a philosophy of “continuous learning” or “continuous quality improvement”. Models of transformation acknowledge that results of long, slow change management efforts involving constancy of leadership attention and commitment do not necessarily achieve results. There are no guarantees that the competition will not do better. Also, global competition, technology, political shifts and currency rates may determine an organisation’s fate. Organisational flexibility and adaptability become goals for an organisation in a changing external environment.

According to Peter Senge\(^8\), transformation occurs as a result of learning at the whole organisational level. He stated, (today we strive for) “Learning organisations.. where people continually expand their capacity to create the results they truly desire, where new and expansive patterns of thinking are nurtured, where collective aspiration is set free, and where people are continually learning how to learn together.” Some see organisational learning as the principle process by which innovation occurs and by which any competitive advantage is gained in rapidly evolving external economies. Beckhard and Harris\(^9\) summarised current thinking about how to accomplish complex
organisational change. The authors observed that there is not a refreezing place to end with employees but there are strategic objectives to the change. They suggested that an in-depth diagnosis of the structure, nature and environment of an organisation is the first step.

The authors described a systems approach to accomplishing change and also identified ten prerequisites for successful accomplishment of transformation as follows: committed top leaders, written description of the changed organisation, conditions that preclude maintenance of the status quo, likelihood of a critical mass of support, a medium to long-term perspective, awareness of resistance and the need to honour it, awareness of the need for education, the conviction that change must be tried, willingness to use resources, and commitment to maintaining the flow of information.

The transition management model described by Bridges is of particular interest in this inquiry. Bridges asserted that an organisation will be more successful if it addresses and plans for the experiences of survivors as part of its ongoing restructuring and downsizing strategy. He defined transition as "the psychological process people go through to come to terms with the new situation." According to Bridges’ model, the psychological process involves three distinct processes.

He stated that the starting point in transition is creating an ending. He asserted, “The failure to identify and be ready for the endings and losses that change produces is the largest single problem that organisations in transition encounter.” The second stage of transition Bridges called the “neutral zone”. In this phase, the old shape of things dissolves and a new beginning is started. He suggested that this can be a chaotic and largely uncertain time. Finally, people make a new beginning only if they have first made an ending and spent some time in the neutral zone. He recommended the creation of a formal strategy to anticipate, investigate and address issues of survivors.

Ending – neutral zone – new beginning - are Bridges’ three stages of transition. How does Bridges’ transition theory tie in to the experiences of survivors in this investigation? It will be interesting to observe the extent to which factors identified by Bridges and other theorists appear to have a bearing on survivor adjustment. It will also be interesting to observe whether any of the theoretical frameworks help us to make sense of what is observed.
QUESTIONS STILL UNANSWERED

The experiences of employees adjusting to changes and organisational restructuring may or may not be similar to those of new employees. Does organisational restructuring create a group of “survivors” who behave as though they are new to the job? Would a re-induction approach, using both formal and informal procedures assist employees to adjust to the changes? The literature leaves many questions unanswered.

What is the experience of managers adjusting to downsizing or organisational restructuring? What helps them to cope or not? Do any consistently recurring patterns emerge? How does the literature fit with the present research and the case under investigation? How does the experience of these surviving managers fit with the theoretical framework, especially transition theory? Answering these questions may lead to some way of conceptualising the experience. Then there is the question of what helps managers to cope with the downsizing and restructuring experience. Is there a way to evaluate the extent to which they are successfully coping? How can we support survivors through the process of organisational transition that accompanies restructuring and downsizing?
CHAPTER THREE: METHODOLOGY

QUALITATIVE METHODOLOGY: CASE STUDY APPROACH

This case study examined the experience of managers who have survived an organisation’s restructuring and downsizing. I chose to directly question participants to gain knowledge of their experience. Some subjects were interviewed more than once to obtain thick or rich descriptions of their experience. According to Patton, thick description “presents detail, context, emotion, and the webs of social relationships that join persons to one another. Thick description evokes emotionality and self-feelings. It inserts history into experience. It establishes the significance of an experience, or the sequence of events for the person or persons in question.” The goal of the present study was to capture and reveal complexities in the managers’ experience of restructuring and downsizing and to understand the significance of the experience for them.

A single organisation - a chronic and rehabilitative hospital in Toronto was the case. After downsizing, the hospital had approximately fifteen remaining senior and middle managers who had “lived through” and survived the experience of organisational downsizing. In the end, eight in-depth interviews were used in the study, along with written documentation and observations. Eight interviews reflected the number of willing interviewees who were also surviving managers that had passed through the experience. Although the setting for this investigation was health care, it is not anticipated that the experiences of managers were different from those in other public settings or for-profit sectors.

The study is important to the health care setting in which it occurred because the intervention or study itself may have resulted in changes for organisational enhancement. That is, there may have been some impact from the interviewing experience on managers and from reading preliminary results of the investigation. It is possible that individuals may have acted to create organisational change during or as a result of the undertaking. Data from multiple health care manager interviews, observations, program records, hospital communications, documentation of the hospital’s history and other written documents were used in the investigation.
Qualitative methods typically involve examination of such sources in the collection of data. The researcher spends time in the setting under study making firsthand observations and talking to participants about their experiences and views. The data in the large quantity of notes are typically organised into a narrative description that captures major issues and examples to illustrate those patterns. The experience is interpreted to identify any apparent themes or core categories. The identification of themes is a search to find variables that are central, continuously occurring in the data, and best describe the collective experience.

The findings and understandings collectively are presented in the documentation and are subject to the examination of others to determine whether the description rings true. As mentioned previously, the evaluation may itself intervene to alter the situation under study. In this study, the descriptive results were fed back in summarised form to the participants and may have influenced the path that individuals and the hospital followed subsequent to reading the report.

It is believed that a case study approach provided an appropriate and most useful methodology for this study. The study focused on the question, "What is the essence of experience of the phenomenon of surviving a downsizing for these hospital managers?" That is, " how do managers in this organisation describe their experience and how do they interpret that reality?" The inner world of participating survivor managers was explored. This study explored the way those managers experienced, judged and modified themselves during a major restructuring and downsizing. As mentioned previously this case study approach concentrated on an individual organisation, a hospital. The tracing of the managers’ progress, frustrations and challenges in coping with a downsizing and restructuring situation was central to the investigation. The study also zeroed in on the process of job adjustment. The focus was on how managers experienced the downsizing situation, and the resulting ways they found to cope.

Case studies, according to Patton, are particularly useful where one needs to understand a unique situation in great depth and where one can find a case rich in information. According to Patton, a great deal can be learned from individual exemplars of situations under investigation.
In this case, a great deal can be learned about how to better assist managers who survive a major downsizing by studying an organisation at that time when they have lived through the experience. The intent is to gain understanding of what has occurred to acquire solid grounds for action. The method of study is to provide description that is rich in depth, detail, and context, and is holistic.106

The critical nature of this case is its example of survivors. It combines direct fieldwork, project and program documents, interviews and observational data, impressions and statements of others. A distinction of case studies and other qualitative methodologies is the assumption that we can only know what we experience.

**Setting and Context**

A long-term care and rehabilitative hospital was the setting from which the sample of managers was found for this investigation. This particular hospital had undertaken several downsizings and at least one major restructuring prior to the study inception. In some cases, the changes resulted in increased numbers of staff reporting to managers. Some managers assumed responsibility for a totally new work group and functional/technical area of accountability. For example, one manager who formerly supervised a small team of pharmacists was reassigned responsibility for a large number of staff comprising an interdisciplinary team. One manager formerly responsible for volunteers and recreationists was assigned several new functional areas and special projects. A manager who formerly led an internal quality improvement team was given responsibility for the management of regional and local geriatric programs.

Interviewing was a key part of the methodology for this study. All participating managers had the challenge of leadership while the organisation changed. They carried responsibility for organising work and motivating staff, while many of their peers and subordinates involuntarily or voluntarily left the organisation. Their task was to maintain productivity and achieve co-ordinated health care service despite any trauma or morale loss related to staff and organisational changes.
Selection and Number Of Subjects For Interviews

Selection of informants for the study depended on their length of time as a surviving manager, willingness to participate, time to give an in-depth interview and ability to articulate their experience.

Strauss and Corbin (1990)\(^{107}\) proposed that sampling be based on incidents, rather than persons: “The aim of theoretical sampling is to sample events, incidents, and so forth, that are indicative of categories, their properties, and dimensions, so that you can develop and conceptually relate them.”\(^{108}\) That is, what themes emerge and how can they be described in a way that “rings true” for those survivors involved in the experience?

Morse and Johnson (1991) suggested starting with participants who have “passed through the experience”.\(^{109}\) Informants were sought who have been in the downsizing situation for a year or more. This length of time with the hospital provided an opportunity for reflection on the experience and any corresponding adjustments. Some participants were interviewed more than once to sample events, incidents and experiences. The goal was to identify any common patterns or critical incidents through an emergent process of interviewing.

The number of interviews depended on data saturation. A total of eight managers met the criteria for selection and ultimately became the number of subjects. After a number of in-depth interviews, there began a repetition in the experiences that suggested one would not learn more by additional subjects or interviews. The goal was to obtain rich or thick descriptions of all aspects of the phenomenon of job adjustment. When the investigator believed adequate evidence was obtained, the data were judged adequate.

Demographically, the sample consisted of six females and two males. Three were senior managers and five were middle managers. The average age was approximately 45 years and the range of ages was from 35 to 60. The range of experience with the hospital varied from over 25 years to around 3 years. As stated earlier, all subjects had been with the hospital prior to the initiation of downsizing activities and had been in the restructuring experience for over a year when the interviewing process began. All volunteered to participate in the study and were willing to sustain more than one interview. Some discretion in describing further demographic information is prudent to maintain confidentiality.
PROCEDURES

Interview Questions

Managers were asked to describe their experiences based on emergent interviewing questions. The goal was to get informants to tell their story of job adjustment with as little prompting as possible. Open-ended questions were used to elicit an account of the experience of the interviewee in as much depth as possible. Two questions central to the investigation began the interview: As a manager, what has it been like to adjust to the new situation? What has helped you to cope? An interview guide was developed to assure that participants were adequately informed of the nature and scope of the study. The guide suggested some opening questions and potential areas to probe. (See Appendix A). Questions were generated during the conceptual phase of the study. However, probing questions and other questions evolved during the study to achieve the goal of depth in data.

It was anticipated that responses to these and other emanating questions would assist to identify any consistent themes, patterns, crises or critical issues which managers encounter in the process of adjustment. It was hoped answers would help us understand whether these issues continue or dissipate. As staff tested the system or learned new procedures for a period of months or even years, it would reveal whether managers go through any desire to give up and what happens that enables them to persist through difficulties.

Detailed Procedures

Potential participants received a letter announcing the study and inviting their assistance. The nature and scope of the study were described in a letter to all managers who had been with the hospital before and throughout the downsizing and restructuring. The letter requested that volunteers express their willingness to participate by notifying the hospital research office. A total of eleven managers (4 males and 7 females) volunteered to participate in the study. Three were not chosen for the study. One volunteer was not a manager. Another manager was unable to attend at the required
The third had not been with the hospital during the time of downsizing and restructuring.

The eight remaining volunteers were supplied with more extensive details about the study procedures in writing. They were assured that participation in the study would in no way affect their employment status and that they might withdraw from the study at any time. Data were kept in strict confidence by the investigator and only seen by the investigator, research assistant, research supervisor and committee members. Code names were used to identify the data. Volunteers were asked to sign a form outlining detailed procedures to give their consent.

Subsequent to receiving participant consent, an interview was scheduled with participants. Depending on how the study and data emerged, more than one interview was scheduled. Co-operation from participants was sought to take as much time as was necessary in the interviews to obtain a full description of the experience.

The data is being kept by the investigator in strict confidence and will not be used for another purpose or shared with anyone without the expressed consent of the participants.

A composite description of the experience based on group data was shared with participants at the end of the study. Their response to the description was solicited and forms part of the study’s results.

Method of Analysis and the Investigator as Part of the Study

This method of qualitative inquiry involved an examination of the data after the interviews to seek out any patterns or critical incidents. The process of analysis involved examination of any possible themes as emergent research. The final mapping or interpretation of the data was intended to identify any variables, relationships or theoretical constructs, which emerged. Procedures and techniques suggested by Strauss and Corbin (1990) were used to code, sample, and generally manage the research.

Answers from different subjects were reviewed in a cross-analysis process, along with written documents. There was not a precise point at which data collection ended and analysis began. As the data were generated, ideas about similarities in stories were the beginning of analysis. Analytical insights were logged that occurred during data
collection. I made an effort not to allow my initial ideas and interpretation, along with ideas in the literature, to distort additional data collection. Instead, I consciously looked for other possible interpretations and patterns that would make invalid any initial insights. Thus, the analysis involved insights and interpretations that emerged during data collection.

Part of the analysis was to painstakingly spend long hours of careful work going over notes, organising my thoughts and the data, looking for patterns or consistent issues and checking the emergent issues against transcripts of the various interviews. More time was spent cross-validating data sources and findings and making sense of the massive volume of data. An early summary of the findings was prepared that could be distributed to participants for their response and information.

Besides my own hope that the descriptions would "ring true" for those reading them, I also believed that the summary of preliminary feedback might be useful to the participants, even though the final presentation of the results had not been determined. The use of the findings to participants was uncertain, but it was hoped that it might help them think about their situation, make sense of their experience and serve as an informal framework for action.

**TRIANGULATION AND METHODS OF VALIDATION**

"Triangulation" has been suggested as a strategy to verify and validate qualitative analyses. Patton described triangulation as applying multiple methods of observation and study as a way to reveal different empirical realities. He observed that employing multiple research methods, measures, researchers and perspectives can be expensive and not practical. That is, it may not be feasible to involve multiple investigators or to engage in more complex research designs. Such was the case with this study.

Although multiple research methods and researchers were not employed in this study, triangulation of data - use of multiple data sources - did occur in this study. Data from written documents, observational and interviewing data were checked for consistency of findings by comparison with each other. Difficulties arose since interviewing data largely reflected the inner world of participants which was somewhat
different in tone from the documents formally produced by the hospital’s Communications Department. The latter more closely resembled messages that hospital administrators wanted to send to the hospital’s various publics. These held a more informational and rosier tone than the data emanating from interviews.

What was the face validity and credibility of the description resulting from collected data? A summary of the group’s results was “fed back” to each participant with a request to participate in a 30-minute telephone follow-up interview. In the follow-up interview, participants were asked whether the narrative was consistent with their experience. They were also asked to describe any implications for organisational practice that they could suggest. They were asked to describe their reactions to the description and to identify any actions or activities they would suggest for organisations involved in similar downsizing or restructuring. Finally, they were encouraged to make any other comments they wished about the results of the study. All eight managers agreed to the 30-minute follow-up interview without reservation and most expressed great interest in reading the results of the study. They universally stated that the description and results adequately described their experience and generally “rang true” or were valid from their perspective.

Like other qualitative research, the case study approach seeks to balance description with analysis and interpretation. According to Strauss and Corbin (1990), the validity of the approach depends on the skill of the investigator who works to relate to the experience of the participants. Patton agreed and described the inquirer as the instrument. He suggested that loss of careful instrument construction in qualitative research (compared to quantitative research) be offset by the insight and ability of the investigator as a human instrument. Thus, the validity of this study is very much a function of my ability to bring power and depth to this investigation through insight and the emergence of tacit knowledge in this case.
CHAPTER FOUR: RESULTS FROM IN-DEPTH INTERVIEWS, DOCUMENTS AND OBSERVATIONS

SURVIVOR EXPERIENCES

Overall Responses to the Survivor Experience

The experiences of eight surviving managers at The Queen Elizabeth Hospital, Toronto were analysed and themes were identified based on the content of interviews. Responses varied from person to person and to some extent management level. For example, Senior Managers who were responsible for communicating the bad news to laid off staff commented on the stress of that job demand while other managers did not. As I re-read the transcripts of interviews, reflected on the dialogue and re-read the documents produced by the hospital that supported the downsizing, the following elements or categories of experience emerged. What follows is a combination of descriptions of experiences and direct quotes from survivors. The themes that emerged are: fear of job loss, physical and health responses, loss and grieving, excitement, guilt, pressure from increased work demands, and loss of confidence in leaders.

Fear of Job Loss

Survivors had difficulty being confident about the future professionally and in the organisation. Fear of job loss was a predominant theme among responding survivors. As Mary suggested, “At the beginning of the downsizing there was anxiety, uncertainty, worry - - wondering who and when - - concern over losing my job. Every time a change occurs or an announcement comes out, we go through the same concerns... there is always a fear.” Similarly, Donna described her reactions to the hospital’s communications bulletins: “I have a great fear with every announcement. If we cut, will it be me? Then when I see who is being asked to leave, I realise it could be me. I ask, ‘Why was I spared?’ “ And yet with the same communications bulletins comes relief.” According to Ann, “When someone else is laid off, I say ‘thank God it wasn’t me today’.”
Survivors appeared to continually examine the pattern of layoffs and dismissals looking for explanations for the choices. John speculated about seniority as a factor in job loss, “Every time a lay-off comes, I wonder if I will lose my job... every announcement carries fear with it. Am I the low person on the telephone pole? If they cut someone from my level, will it be me?” Some concluded that competence was not a factor in decisions about who was asked to leave the organisation. According to Donna, “It’s tough. Some of us may not have positions although we are all competent. The reality is we don’t know our future.” The tone of the comment is one of painful uncertainty. Somewhere is the distant idea that if one is competent it just might make a difference in whether one is asked to resign from the organisation.

Some assumed new responsibilities because of colleagues leaving and the new structure. Others reported to new managers and have found that opportunities to routinely meet to establish priorities were infrequent. Some believed that there would not be acceptance of modification of responsibilities to lighten or make space for new work. Others believed that their own ability to be tactful and politic would influence their survival in significant ways. According to Ann, “During crisis times, I have seen people do really politically stupid things. In those times, I try to be neutral.” Most feared that they would be asked to leave the organisation at some point in time. Many reflected on the implications for themselves financially and wondered whether they could find other employment opportunities. “How will I cope, spend my time, if I don’t have a job?” (Mary)

Respondents generally made efforts to shape their own response to fear so that they could maintain commitments to projects in the organisation. Some managers stated that they worked harder believing it was the best way to avoid getting cut. Most believed that good time management was essential to survival in the new work environment. They described being in unfamiliar territory. Some lost important parts of their previous job and feared not having enough information about the future and to know how they could best fit in.

They found that there was less time to network or share information with colleagues. They spent more time answering voice mail, e-mail messages and handling paperwork. Even if they had time to speak with colleagues about the situation some
remarked that they found it hard for fear of being insidiously judged. They feared losing some ground in the continued goal of survival.

A general atmosphere of being guarded existed. Some were unwilling to take risks that might result in repercussions or perceived failure. According to Susan, “It seemed as if those who made suggestions got it in the neck. I found it very painful. I didn’t say anything due to fear of losing my job. I know that is self-interest but I didn’t think saying something would do any good.” Ann echoed Susan’s fears, “If a person gets out of synch, they are out. It doesn’t take too many brains to figure out that anyone could be out of a job in this situation.”

Physical and Health Responses

Surviving managers commented on their physical responses to the changes in their work environment. Some acknowledged that from their point of view it was very stressful and they recognised the need for more physical self-care. “The more these changes at work get played out, the more I want something completely different at home to recover.” (Ann) Others described decreased energy, weight gain or loss, accidents, increased flu or major health problems. “All my colleagues experience the physical signs. One colleague has a terrible cold, pink eye and laryngitis.” (Donna) Some have more difficulty sleeping or relaxing. Although downsized survivors felt grateful to have a job, they also felt that the work environment imposed extensive demands that had taken a physical toll.

Longer hours and greater uncertainty about what is expected were mentioned as contributors to stress and any consequent physical responses. Most said they were tired. “I go to a farewell party and then try to be creative. I feel overwhelming exhaustion. I am so tired. This is physically demanding.” (Donna) Some expected themselves to produce as much as they had before the organisational restructuring happened, although they acknowledged that they were working under constraints and demands that they had not encountered before. According to Mary, “You get worn down. It takes a lot of energy to sustain the level of quality I was producing before these changes.”

Others described conscious efforts to focus on their out-of-work life, vacations and external leisure activities to balance the work life demands. As Carol stated, “I had
been having trouble with my chest. I thought it was sinuses. I’ve started taking expectorant that has helped. And, I take vacations to cope.”

**Loss and Grieving**

Participants openly acknowledged the grief and upset feelings associated with colleagues leaving. According to Mary, “I lost friends and professional colleagues. I have an ongoing sense of loss. I have become paranoid. People say things and I wonder what is behind it. Uncertainty prevails. I grieve the loss of others, while I wonder whether and how I fit in the new structure.” According to Ann, “There is no difference between the laid off staff and those kept on. I have been in both situations. Both laid off and survivors experience the loss and must find a new identity. They are in the same boat. The survivors find themselves in the same organisation with opportunities and pitfalls. It is all too painful. I long for simplicity. But I know the changes will continue.”

Some identified loss of colleagues who were also friends and former sources of support at work. Some said the organisation had been like a family and it felt like members of the family were dead. “People are part of our lives and then there is nothing. And there’s nothing done to deal with our feelings,” according to Susan. Groups of managers previously had coffee breaks, luncheons, or planned social events together. These were no longer part of the work environment. According to Carol, “The one thing I miss in all these changes is having somebody to talk to who understands. It’s hard to invest in a relationship with someone because they might be gone soon. It’s like those who were laid off died. It feels like you are in a shooting gallery. Who will be picked off next? There’s nothing personal in it. It was just the structural changes that led to the layoffs.”

Amidst the loss, managers examined life events and other losses sustained. Some derived strength from the difficulties they had overcome in the past. They viewed their experience of the changes as another opportunity to grow personally. “It’s really difficult. A lot of the loss at the hospital has helped me grow stronger. When my parents died, I felt stronger. This was a similar loss and crisis to those I have faced in this organisation. The difficulties have made me stronger as a person.” (Ann) Some also saw an opportunity for the organisation to create new beginnings, despite the loss of a previous culture. “There is despair and loss. We have to bid farewell to parts of the past. When an organisation loses
its history, something is missing.” (Donna) Donna also expressed hope that a new vision for the future would replace the history of the past.

Various losses were described, such as loss of colleagues and friends, loss of professional identity, loss of confidence in their own ability, loss of organisational history, loss of a preferred boss, loss of a perceived quality of working life and loss of good feelings about the work environment. According to Susan, “It affects us all. I say to myself, ‘why was that person laid off?’ I look for reasons - they were too outspoken - they were too honest in expressing what they felt, etc. In the end, I feel the loss and it goes against my values. I say ‘maybe instead of these people losing their jobs, we could look after people.’”

Many stated that job priorities were unclear. They questioned their own competence and lamented a loss of work and home balance. Some were familiar with the stages of grieving described by Elizabeth Kubler-Ross and self-identified as being in a particular stage, such as denial, isolation, anger or depression: “I didn’t realise how things really were with me until about six months after the initial swing. It was very draining. I grieved the leaving of others from the organisation. It suddenly dawned on me that it was reasonable to be upset.” (Carol)

The degree of loss varied among participants. Interviewees compared their own experience to loss of loved ones or divorce. Some stated that the losses were not immediately obvious. They observed that it took time to understand that they were experiencing loss and to initiate a healing process. Most were surprised by the range of emotions they experienced: “I was surprised that two individuals were not laid off. At one point you find yourself counting who is left. You think, ‘At least I have a job.’ Then it’s weird. You keep up with your former buddies and those who hated your guts. It’s amazing the emotions you experience.” (Carol) Carol expressed the loss as a kind of death: “Even now, in a way it feels like everyone who left is dead. At first, I felt anxious, cranky, short-tempered. Then six months later I felt sad and alone.”

There was a general hope that some day the grieving would end. Most managers were reluctant to publicly display their grief and felt it was their role as a manager to present as calm and positive. “One has to put distance between yourself and the situation. You walk out of your office and smile. Your goal is to be pleasant despite the turbulence.
Some expect the turbulence and sense of loss to be over. Others deny that it has ever happened." (Ann)

**Excitement**

Many participants described feelings of excitement about organisational changes and projects. According to Ann, “There is benefit to me with these changes. Some days I say, ‘I’m the luckiest person in the world’. I have this opportunity to see a large project through and get to know the broader aspects of the corporation.” Donna agreed, “There’s excitement - creating something new and you know you are part of it.” Although survivors described the experience of loss, fear, and a general lack of attention to their needs, nevertheless, there was hope for contributing to a brighter future. Most described themselves as lucky to be a survivor and stated that they were producing more.

Although sometimes the reasons for changes were seen to be obscure, most managers saw challenge and opportunity in their job situations. “There is personal satisfaction. I am investing more energy and time in things I should be.” (Donna)

Some linked “being spared” to “being valued” by the organisation and described wanting to be helpful to achieve the new “vision”. Some articulated a new kind of contract with their employer that is not a matter of loyalty. They saw this as an opportunity to provide work that adds greater value than some activities from the past: “We are creating new history.” (Donna)

New ways to do things, different people involved and altered philosophies might provide a chance to personally contribute to organisational renewal. New challenges might be an opportunity to develop new skills and professionally benefit from experience.

Some saw the reduction in senior and middle managers as a chance to exercise more autonomy in the job. According to Ann, “There is a large amount of independence in what I have to do and that is exciting. Up to half the things I do, my boss doesn’t know about. I have to think and function at a high level of operations. Direct and honest communication with my boss seems to help the most.”

Others saw change as a challenge and examined the possibilities for personal growth and development. In some cases, they compared their work situation to friends
and acquaintances in other industries and realised that the pain of mergers and restructuring was not unique to health care. Mary related, "I've worked hard to try to deal with the changes. I like change - the excitement - I'm not afraid of it. I talk to myself. I live one day at a time. I look at the positives for me personally. I read papers and watch friends who are having a harder time."

**Guilt**

Although not all participants identified guilt as a feeling they experienced during downsizing, some, particularly the two most Senior Managers who communicated the bad news to laid off staff, described feeling guilty. "Nothing prepares you for delivering bad news. You just have to live through it. You approach all (exit) interviews with quiet, listening, long pauses, dealing with a variety of reactions." (Donna)

The six managers not directly involved in dismissing employees questioned whether laid off staff were treated fairly. And, the two Senior Managers described efforts to base their decisions and actions on principles. "It's been tough personally. The experience has had influence over all our lives. We want things to be equitable. But are they? No. We make mistakes. We have no road map. We try to be fair and stick to principles. A lot of people miss the messages from Senior Management. They have no context or understanding." (Donna)

Some managers suggested that differential treatment was applied in offering opportunities for alternate positions within the organisation. Others did not share the view that there were any unfair practices. Still others postulated that perceived competence and personal favouritism entered into the decision-making.

The two senior managers stated their belief in the decisions made and acknowledged the stress inherent in communicating bad news. One manager lamented, "When ____ was laid off, communication was difficult. My stomach turned. I worked hard to keep life in perspective. It looked like she was hit in the belly. I needed to just listen. She was careful not to blame persons or the organisation but she questioned the decision. As you listen, you sit and take it with calm and no judgement. It's hard because these things feel personalised." (Donna) Comments by the managers reinforced that dealing with performance issues and laying off staff due to restructuring were occurring
at the same time. Some staff did not know which staff were lost as a result of the elimination of positions and which were gone because they were not performing well enough.

As new positions were created and a selection process involved competitions for those positions, some expressed guilt that well qualified applicants were turned down for positions. According to Mary, “When we hired Program Directors, I felt the sense of structure return but sadness and some guilt about those who didn’t get hired. There was excitement for awhile - - wow - - really new approaches to managing patient care. Then the goals of those changes haven’t fallen into place. From what I hear there is disarray and identity crises among the professional disciplines.”

The two senior managers seemed to look for ways to help themselves feel less guilty. “All these folks who are laid off have personal lives. It’s tough. It never gets easier. You have a lot of conversations with yourself. Is this the right thing? You hope that things are handled in the most sensitive way possible. I know that _____ found laying off _____ very emotional. It was difficult. I guess you have to think about it as a ‘Sophie’s Choice’. If someone isn’t doing the job they should be, they have to be put out of their misery.” (Donna)

**Pressure From Greater Work Demands**

Most managers described greater pressures and work demands. “We’re working such long hours. I was here until 8:00 p.m. every night this week. Sometimes I wake up at 3:00 a.m. and get here at 6:00 a.m. I’m putting in longer hours.” (Carol) They stated that they are working long hours and feel reluctant to say “no” when they are asked to take on more work. “I have a fear of stopping activities. I take on new things and become over-busy. It helps me feel important. I question, ‘Is there value to all the overwork I am doing?’” (Mary) According to Ann, “We could work 24 hours a day and not get it all done.” The pace of the demands was expressed well by Mary, “Managers are facing incredible work demands. They are learning new techniques, establishing boundaries, turning over their duties to others. They are uncertain about their roles. They are trying to develop partnerships with the medical staff. The Program Directors have found some camaraderie. There’s new committee structures. No one knows what they are. Workshops
called "Don’t Blame" are being offered. I don’t know if anyone attends. There isn’t time.”

Some found that they were not sure which parts of their job were of high priority. “Three Senior Managers are still in the old paradigm of trying to do it all. We still do low value activities, along with all the important stuff.” (Ann) According to Bill, “I spend so much time on detail that I don’t get to the strategic stuff I feel we should be doing. There’s a sense that Program Directors have far too much on their plates. We are preoccupied with it. I have a lot on my plate. I am always behind: 40 voice mails, 30 e-mails, etc. I can’t deal with them because of risk management issues that come first. Everything is done at the last minute. We still try to do too many things in this organisation. That has not changed. Someone should set the priorities.”

Many have determined that the work demands are greater than the amount of satisfaction they are deriving and acknowledge that they are actively looking for work opportunities outside of the organisation. “It’s very difficult to live through this stuff. We need more elasticity. I don’t know how long I can continue to say ‘yes, I’ll do it’. At some point I may say, ‘I don’t want to do this job any more’.”

A general sense of having fewer peers and less contact with peers added to tensions in the organisation. Some described reluctance to organise or attend meetings because of pressures from other work. They acknowledged their own need for a stretch break and connection to others but just didn’t want to take the time for meetings.

Most acknowledged feeling some inadequacy in supporting staff as the organisation changes. Although the desire is there to spend time with staff and support them through the transition, managers felt they do not have time to assist with coaching and staff issues. Donna stated “It’s a lot. I want to stay up on issues and my staff want management. I say that I need to spend time assisting with their development, not answering 13 voice mails. I get caught in the loop of operations. It is so hard to deal with all the things that are happening. I cope by trying to create a bigger context for it all. There is a lot of detail thrown at me and I am not a detail person. It is overwhelming and amidst it all is a lot of negativity from staff. Just when you feel things may be all right there is a union grievance to deal with.” Carol lamented, “Senior Management says, ‘You
must find that you spend more time with staff.’ But, I am expected to manage more than twice as many staff in two places so my staff still don’t see me.”

Some expressed concern that a decrease in personal relationships with staff has generally occurred due to time constraints and work demands; they were concerned about the impact of decreased accessibility on staff reporting to them. They were also concerned about sending the right messages to their staff, while acknowledging that staff are being asked to produce more. “Nurses are more stressed, irritable and take more sick time. Managing my new reports has required being smart. I told them that I would not immediately change things because I knew if I came in and immediately changed things they would rant and rave. So now I introduce changes carefully and afterwards ask staff formally to report on the results of the changes and give suggestions.” (Carol)

Amazingly, some described being overbusy as an expectation in the new organisation. Some feared their image if they were not seen as a high producer. “If you don’t act stressed out and in terrible trouble and overworked, something is wrong with you. No one laughs or has fun anymore. There is less of a chance because of the new structure and technology. We talk through e-mail and voice mail. Technology has decreased relationship. There is so much work. Workload has increased. I and others are so busy that I could sit in my office all day and do it and no one would care. We still have management meetings but we could use e-mail for most of the items brought up there. Someone said to me, ‘I love watching you in the management meetings; you look like you wish it were over so you can get back to work.’” (John)

A number of managers expressed a growing concern that the liability and risk to the hospital had increased as a result of the downsizing. “When we cut, we cut too deep. We really won’t know about this until later. The disciplines are managing and don’t have quite the same work pressures as managers. Now the disciplines are doing management activities to compensate, but they don’t know why they are doing it - like gathering statistics. In the past, managers would have explained it all.” (Ann)

Finally, almost all acknowledged the impact of the work demands on their personal lives and out of work time. “I have had to adjust to longer hours. It gets harder to meet family obligations.” (Donna) “More is expected of us. I have less of a life. I take work home. I spend much more time in administrative details. We are expected to read
much more stuff, more than we really need. The computer doesn’t free you. You become more wedded to it. It’s like the GO train [government of Ontario commuter train]. As a commuter, we spend three hours travelling because we can.” (Susan)

**Loss of Confidence in Leaders**

Most managers felt less confidence in organisational leaders. Although they saw themselves as having responsibility for those reporting to them, they generally described a lack of involvement and control over the decisions that were driving the organisation. Some articulated that there is no good solution to some problems but have felt that the way leaders have handled performance issues, laid off and dismissed colleagues has affected their investment in work. “My insecurity escalated when people I saw as having value and a visible contribution were structured out. There was sadness, disbelief and a loss of faith in the decision-makers. They hired another person, and I said to myself, ‘They could have given that job to _____.’” (Mary)

According to Bill, “The biggest thing we need around here is real support from our leaders. We don’t feel that. I get the impression that my boss would not go to bat for me. The feeling is if you speak up, you will be punished. You get gun-shy. People who speak up get asked to leave. That’s scary. My boss is never there.”

Some acknowledged that they have pulled into themselves to cope. They recognised their own dissatisfaction with the current job situation but did not feel that leaders would be supportive of their concerns. They were unwilling to take risks that could help them move through the situation because they feared repercussions involving job loss or lowered credibility with those in charge. According to Ann, “People are crying out for a boss. It’s almost as though people are misbehaving to get attention. You learn by blundering around. In the past, people were conditioned to expect to be told. Now they are ignored and expected to make decisions and if they mess up, they are out.”

Many expressed confusion about what was happening. Others described contradictions in articulated values and demonstrated behaviours in organisational leaders. Some stated that they did not like the new work environment and demonstrated values. According to Bill, “I don’t like the philosophy and culture of this place any more. I lost a lot of faith over the handling of the letting go of various employees. It seemed cruel and heartless. One employee was let go and her boss made no effort to think up
creative ways to deal with the situation. She could have been moved. I would not treat an employee that way. After seeing the impact, I felt bad. It’s a different, colder place. I don’t think it has to be. It feels as if it is sink or swim.” Ann suggested, “This turning inside out of the organisation has given us a chance to see how things really tick. In the past, we tried to maintain a ‘family’ culture but now there are fundamental changes in culture and disgruntled staff. The feeling of our hospital as a special place lives in some of us - - but it’s just words.”

They expected senior leaders to create a motivating environment and an understanding of how to effectively work in the new structure. They stated that job expectations are unclear. They did not feel the assurance they had in the past that leaders would support their decisions and those of others. They believed the organisation expected them to move into unfamiliar territory alone.

In the confusion, some have not understood the new roles, responsibilities and reporting structure. They did not know how to gain better understanding. They believed that unwritten rules from previous times were changed but were unsure what the new organisation required of them. As Carol said, “Our Senior Manager is too busy. You run around trying to find someone to tell about a major crisis. You are lacking in support. And, it seems you have to go to a lot of people before you are done. No one knows the dividing line between roles. You just start circling issues. Things have changed so fast that you can’t remember to whom people are reporting.” She continues, “When the announcements from Senior Management come out, we just read them over and over. When my job changed, half the people who were formerly reporting to me didn’t get it. They would say, ‘I was just reading this paper - - do I report to you now?’ Then you are sitting with someone and they ask ‘Hi, how is it going?’ - - and they look worried. You ask yourself, ‘Why has this changed? Should I have done something different?’ I say to my boss ‘staff don’t get it - - the new order was supposed to put us closer to them and their work but we are more removed than ever. Staff do not really get a clear sense of how this will improve patient care.” (Carol)

Some have made efforts to build up an internal support network so that they have some connection to others and better information. Generally participants acknowledged that good information was scarce and some stated they had little input into high level
decisions. Most described less accessibility to their boss due to time constraints. They identified time as a factor in receiving adequate information and assistance with setting priorities. Some felt disappointed that they did not have a stronger relationship and feeling of connection to their boss and colleagues. Some thought about leaving the organisation and identified the lack of direction as the source of job dissatisfaction. According to Bill, “People were so frustrated with how things were in this place that they said, ‘Okay, give me my financial package and I’ll go. When the ship’s in the dock, I’m getting aboard.’ We’re certainly not heading for a destination. We’re not even out in the sea.”

Managers believed that the promised better organisation had not happened. According to Ann, “We’re not at a stage of seeing a lot of benefit back as a result of these changes.” They stated that frontline staff were not consulted about issues affecting them. Similarly their own involvement in decision-making was not what they expected and desired. “People say you can talk and contribute but decisions are still centralised in the organisation. The very top of the organisation makes all the decisions.” (Bill) “They (Senior Management) really don’t want to ask us questions because we are at a lower level. We have so much more experience with the questions they are trying to answer, so they would reluctantly call up and ask, ‘How would you handle this?’ You try not to act like you know it all. There’s been a big change. Things are just as hierarchical as ever. There is nothing wrong with consulting with us or showing vulnerability.” (Carol)

Managers stated that they were not happy about the increased workload and were unclear of priorities. They expected to feel engaged in work and attributed their lowered morale to some extent to the leadership style of their superiors. Some saw a contradiction between the real experience and the picture that leaders articulated. “People need a picture of reality to hold on to. However, there is a time when no point of view is absolutely true. Management describes their vision of reality. Staff feel the reality of the front line. If I were staff, I couldn’t tolerate listening to the theory being spouted when I was living through that reality.” (Ann)

Leaders were seen as caught in an environment that made it difficult to support subordinates. Some identified a general lack of enough leaders as part of the problem. “Leaders haven’t figured out how to lead or inspire people in the new paradigm.
Everyone is too busy to be really accessible the way they used to be. There is such a wide range of responsibility that one isn’t sure what to address first.” (Ann) “We shifted so radically with the large shift that we made that we haven’t got a sense of morale with these changes. There is no stability because of the external environment. Leaders can’t apply behaviour theories or change theories. There are less leaders. The leaders we have haven’t figured out how to inspire clinical people or help them learn appropriate behaviours in the new paradigm. “I can see gaps in leadership. We just don’t have anyone to inspire staff to higher levels of performance.” (Ann)

Managers looked for support and guidance from more senior leaders as they assumed new roles and altered responsibilities. They identified increased numbers of staff reporting to them and lack of time as factors in accessibility to their bosses. “We’ve had two recent firings of managers. Despite the best intentions, I feel there just were not enough senior managers to follow up and support those managers and their initiatives.” (Ann) “I was lucky because the previous manager was here longer than other managers and introduced me to staff and patients. Some of the other management staff got ‘clunk, -tag, you’re it - now you take over the job.’ There is no day-to-day rapport any more. I can ‘drop in’ but my boss is rarely available.” (Ann) “People need to know that they are ‘doing the right thing’ from their supervisor. Most managers have more than the ideal ratio of 1:7 reports. Some have more than 140 reporting to them. Then these managers have gone from having thirty or forty peers for support to having only a few peers to talk with.” (Ann)

Senior and Middle Managers lamented that they do not have time to meet with staff. Yet they looked for that connection with superiors to gain a sense of direction and validation of the value of their work. “I don’t have the support of a manager or boss. Scheduled meetings with bosses have disappeared. I have more authority and independence. I feel more insignificant as a contributor. My input is not sought.” (John)

Those who have contact with leaders were sometimes seen to be “favoured” or “privileged”. “Via the grapevine, I heard that some people who had more rapport and generally were more supportive of a particular Vice-President were ‘saved’ by that Vice-President from being laid off. That created anger in me because I thought it was unjust.” (Susan)
There was general frustration and confusion engendered by rapid ongoing transition. Most senior leaders were seen as the people to reduce the confusion and make transparent the logic of the current situation. “There are many broken reporting lines and unusual reporting relationships. There is no logic or ability to logically supervise someone. I don’t know how the leaders of this organisation can sleep at night.” (Ann) “We still have signs that say ‘Nursing Administration this way’. Of course there isn’t any Nursing Administration Section any more. Our Chief Executive Officer took them down and then put them back up again because it created more confusion without the signs. No wonder everyone is confused.” (Ann)

Despite the general frustration with the perceived lack of leadership, managers generally recognised that their superiors were also under the stress of restructuring. “All that I am responsible to and their superiors have been decent people. But, during crisis times, I have seen them do really stupid things. I try not to laugh or be negative.” (Ann)

**COPING BEHAVIOURS**

The experience of surviving an organisational downsizing was generally regarded as stressful. Managers identified a variety of strategies for coping which have been classified as: physical self-care, comforting displaced employees, support from significant others and peers, focus on work challenges, positive self-talk, seeking information from others, focus on external opportunities, and professional development.

Most managers used a variety of these methods to cope with the stresses they encountered during the downsizing. Some also described taking courses or making efforts to acquire new skills to increase confidence in meeting new requirements. Feelings of isolation, depression or distress in the new work situation were factors in the choice of coping strategies.

**Physical Self-Care**

Some described engaging in regular exercise or taking multivitamins or other supplements to cope with workplace changes. Often leisure activities were seen as part of physical self-care and many described “getting away from it all” as an important method of coping with their work situation. Some stated that, after a period of working longer
hours and feeling personally exhausted they were not willing to invest quite so much personal time and were seeking greater balance, even if it led to greater vulnerability to job loss. Some were making efforts to reduce evening and weekend time at work. According to Helen, “I’ve made a commitment to some outside activity, so I don’t spend as many week-ends here.”

Some focused on opportunities to travel or take “time-out” from work to recover. Others acknowledged that the crisis caused them to examine their priorities in life and realign to support what they value most. As Carol put it, “Instead of staying here until all hours, I get out of here.” According to Donna, “I am planning my vacation. You have to keep your priorities straight. There is an opportunity to go to a ball game, and you take it.”

Exercise, good nutrition and physical fitness routines were seen as assisting with work stress. “I’m working out in the morning and eating better.” (Donna). Similarly, Carol stated, “I go to the gym several times a week. I meditate. I can’t seem to lose weight and my blood pressure is borderline.”

**Supporting Displaced Workers**

Generally the experiences of internal and external displaced employees profoundly affected downsized survivors. Supporting those by listening, socialising or engaging in rituals appeared to help with the feelings of guilt, loss and hurt. Some described continued friendships or social interactions with employees who left the organisation as making things easier and reducing the loss. They had friendships and bonds with many who were suddenly gone from the organisation. They wanted to maintain those relationships.

According to Susan, “Former laid off colleagues decided to get together socially. For awhile it was frequently. A lot of them were going through hell. When things started to turn out well for them, it made it easier for me. To see the negative turn into an enhancement makes it easier. To see the continuation of relationships is a good thing. To see their maturity is also a good thing. They were treated badly, but they don’t hold on to the anger. I imagine the get-togethers will become less frequent.”
Bill felt some relief for his own stress in supporting internal staff who lost their jobs (but were offered another internal job opportunity). He stated, “I spent time talking to and comforting the people who were remaining in the organisation but had been displaced from their jobs. I let them vent their feelings. They didn’t have any comfort about where they fit in the organisation. I was glad to be able to listen and support them.”

Susan recalled organising a symbolic ritual intended to help herself and others say “goodbye” to the past. She stated that the ritual assisted her and others with moving on. “We had a special week for internal staff who were losing their bosses and departments. It was a fun thing. The focus was on the future. I organised it. The staff were together for a luncheon. I created a Phoenix which was Program Management rising out of a bed like the obelisk in 2001: A Space Odyssey. We took a photo of the Phoenix, which I had created for the occasion. All the former managers got a photo afterwards. People say they still remember that.”

Support From Significant Others and Peers

Peers, family, friends and significant others were described as important for coping with the physical stress managers associated with their work situation. Some said they tried to get out with friends, hug a child, walk, laugh, or enjoy leisure activities with their family or closest associates. Donna stated, “I go home and give my son a hug.” Most described dependence on spouses, family, friends and intimate relationships for support. “I have a very supportive husband so that helps. He brings in common sense. My husband works in an organisation where they have been through major changes. We are not worse off than anywhere else is. I think that helps me. I think that we are no different than another organisation.” (Susan) “I have become a bit more comfortable expressing things to significant others.” (John) “I do a lot of bitching to my family. I have a lot of support at home.” (Bill) “My spouse is always behind me.” (Helen) “My family helps me to cope.” (Donna)

Some made efforts to build up an internal support network at the hospital. They observed that their network provided connection with others undergoing the experience. The network also provided a way to test alternative solutions to work dilemmas. According to Bill, “If I run into problems, I consult with my peers. In our case, we meet
together once a month. We also get together socially. We bitch and complain to each other.”

At least one manager praised the hospital for initiating an employee assistance program and stated that they were receiving professional help. Another manager stated, “Therapy needs to be undertaken with those who are left behind. They need to cry and laugh about the blunders.” (Ann)

**Focus on Work Challenges**

Survivors described engaging in the work at hand as a way to cope with the stress of the transition. As Donna put it, “I am a survivor. I have been tested personally, and professionally. I do not look forward to it. I go through mourning over the past but embrace the challenge of things.”

Survivors stated that it helped to get involved with the work; some saw the downsizing as an opportunity to examine the value of job tasks and make changes to undertake more meaningful work. More than one person commented on the greater responsibility and latitude inherent in their new job responsibilities. Some saw opportunities to try new ideas with greater independence, creativity and without constraints of the past. Still others saw an opportunity to work from a broader perspective. With fewer Senior and Middle Managers, some described their new role as involving greater responsibility and a larger span of control, with fewer constraints on their activities. According to Carol, “I get a chance for innovation.” Ann stated, “I can do creative projects - - get to know much broader components of the corporation.”

Some described recognition they had received from others in the new environment. Others believed that being “chosen to remain in the organisation” and being assigned new responsibilities was a sign that the organisation recognises and values their skills. “I focus on the work challenges and believe that my value as a manager is recognised. They have given me some difficult areas. I have cleaned up a financial situation so I believe I am valued.” (John) Bill stated, “I do my own thing in leading my areas of responsibility and feel rewarded from that. Someone that is part of my team will give me positive feedback. I spend some time every day with staff, patients and others. I get a lot out of these visits.”
Others saw an opportunity to be professionally developed by the expanded work responsibilities and new work performance demands. According to Helen, “I like to learn. I was saying that my development had gone as far as it could go. The restructuring was a bigger gain in terms of my development. I spend a lot of hours here. One gradually learns how to do things.”

Working longer hours and harder also seemed to serve as some kind of psychological buffer. Many saw the added responsibility and involvement in work helpful in sustaining the transitions. “At first, it was overwhelming. I burst into tears. It was very emotional. An organisation that had never undergone major change was changing. People I spent a lot of time with were leaving. After that we got so busy and I was thrilled to be involved. It felt great, and the challenges helped me to cope.” (Bill)

Positive Self-Talk

Almost all interviewed managers described their personal beliefs or philosophy as important to their endurance of the changes at work. Some were aware of “re-framing” how they were seeing potentially “negative” events as “positive opportunities”. As they encountered experiences that were difficult or painful, they found a way to view things from another perspective. Susan stated, “My view of what is meaningful in the world has helped me. Things happen to you that you never want to happen. It is your choice. The faith response is ‘this is not going to destroy me.’ It’s a belief that one event alone won’t mould you and that you have the power to shape your experience of that event.”

Donna described her progression from a negative response to a more positive way of viewing the situation. “One of the big things was to forgive. We beat up on each other and ourselves for things we didn’t cause. I’m optimistic now. My energy level is higher than it ever has been.” John described his positive attitude and his adaptability as fundamental to his success in sustaining the work changes. “My personality has helped me to cope. I can’t stand moaning. I am adaptable. I say ‘Let’s move on’.”

Some described their attitude as a factor in coping with fear of job loss. John stated that he focused on the future, rather than the past, as a way of dealing with his fear of job loss. “I take a view that life continues. I take a future-directed view.” (John) Ann announced, “I have chosen to feel secure.” Ann continued more emphatically, “I
rationalise, 'If they let me go, who will do this work? No one knows how or is left to do it'.

Some described believing in themselves and in their own abilities as a fundamental part of their ability to cope with work. According to Susan, "I believe in myself and that I can make a difference. I believe that it is no-name people who make history. The big names are often very good at survival tactics and happen to be in the right place at the right time."

**Seeking Information From Others**

Generally, managers described having information about the other areas and issues as helpful in the new environment. Many made efforts to obtain information about broad hospital issues and directions. Donna stated that it helped her to cope with things if she was informed. She named as her number one way of coping, "I stay up on issues." Mary made a similar statement, "Being informed has helped me to cope."

Some felt as though leaders did not automatically provide information about higher level decisions in the organisation. One person described attending Board meetings to assure that they were kept apprised of high level information that they were not acquiring another way. "There are a lot of issues going on. Going to Board meetings is available to us... The meetings give me interesting insights - - the mood of the Board, what Senior Management thinks, how decisions might be formulated. I have a much clearer idea of the audience for my reports." (Ann)

Although it was acknowledged that everyone benefits when there is free flow of information in the organisation, some stated that the new structure and general culture of fear of job loss did not encourage staff to share information with one another. An atmosphere of being guarded was attributed to fear of reprisals if unpopular opinions are given. Additionally, some stated that information was seen as increasing personal power, so some held on to information in the belief that it would give them "an edge" over others.
Focus on External Opportunities

Some survivors questioned whether they were now doing the work they want to do. Some said they were actively searching for work elsewhere, while continuing to be grateful for their survival. Some were exploring their marketability in the workplace as a coping strategy. It was as though they needed a back-up plan. Ann stated, “I never feel safe. I am always looking out there in case I have to leave.” Donna expressed a similar sentiment, “I ask myself, ‘What would things be like if I lost my job....’ There’s great opportunities in the Metro Toronto area with all the restructuring.”

Others responded to fear of job loss by imagining what they might do if they lost their job. Some took comfort in the extent to which job loss has turned out positively for others who had already left the organisation. It was as though surviving managers were taking a personal inventory. Did they want to stay? Was it likely that they too would be downsized? Were they doing the work they wanted to do? Did they feel satisfied with the new order in the organisation? What would they do if they left the organisation? What were the experiences of those outside the organisation? What job opportunities existed? What would they need to do to take advantage of those external opportunities? Would it give them a better quality life?

They actively compared themselves to those who have left the organisation. They seemed to be evaluating whether staying was better than seeking employment elsewhere. According to Bill, “Eight out of ten of those who left the organisation are much happier than they were when they worked here. They all found out that they could live anyway on the money they have and do different things. They have a life.” Ann stated, “I feel bad for the people who have left the organisation, but I think about the way many of them are progressing. Although some are bound to have a very negative experience, many are doing well.”

Then there were those managers who were genuinely looking for other employment because their experience of the downsized workplace was not what they would like, and they did not see hope for a better situation in the short term. Mary said, “I read the papers - - the job ads.” Donna said, “I seriously felt like leaving. I looked elsewhere.” Ann said she planned to actively look, “I imagine putting all that I am doing now into my resume to increase my marketability.” Bill stated, “I am looking for another
job.” The search outside might produce something better. They were doing something about their discontent with the organisation. Some just viewed it as a back-up plan, in case they were the next victims of job loss.

Professional Development

When their job changed, some were not sure that they had the skills to survive. More than one participant described taking courses and continued development of skills as a possible factor in future organisational survival. According to Ann, “I feel privileged to be here but frightened that I don’t have the background to do this job. I am putting my skills to use to solve problems. But in the future, the larger part of current jobs won’t exist. There will be a broad scope to the jobs of high level managers and there will be worker jobs. I feel proud to be part of creating what could be but afraid of never achieving it.”

As a paradox, they lamented that taking courses is not their first priority, due to low energy and lack of time. Some saw the added demands of their job as a source of development. They believed new work challenges would increase their marketability elsewhere. They found that development through new work assignments assisted with accepting their high-demand work situation. The required skills expected in the re-structured organisation were unclear to most. Some tried to speculate on what the future would bring and what skills would be required. Others openly acknowledged their feelings of incompetence in the situation. Donna stated, “It’s hard not to feel incompetent. All managers are terrified of failure.”

Those managers who described taking courses or acquiring new skills through formal means were doing so to obtain credentials. They saw professional development as a security net and as a way to increase their marketability. As John described, “I don’t have a Master’s Degree and that’s required for the next career I would seek.”

At the same time, there was ambivalence and most stated that they were saturated with developmental opportunities just from the demands of the new workplace. Most did not feel the need to be regenerative. They were in greater need to stay in place for awhile. The drive for new skills appeared to be out of a desire to be marketable rather than from a need to move into a more challenging role.
CHAPTER FIVE: IMPACT OF THE STUDY ON THE ORGANISATION

According to Bridges, "Whatever conquerors gain, they leave behind three groups of survivors: those who have been wounded in the process of change, those who grieve over all that has been lost, and those whose loyalty and ethics have been so compromised by their experience that they turn hostile, self-centred, and subversive. The problems of survivors in this study are significant. Those who have been left behind appear to need help to rebuild the relationships and commitment that existed before their restructuring began. The results of this study suggest a definite loss of energy and weakened ability to perform as a result of transition. Yet the hospital environment or any organisation depends on those who are left behind, the survivors to sustain the work of the organisation. Ironically, an organisation driven to change by a desire for an energised, improved corporate culture may have conditions in which the human impacts prevent the very goal it wishes to achieve.

Was there any co-learning as a result of this study? Did learning occur for both participants and investigator as a result of the interviews? That is, did participants gain any knowledge of use to them or the organisation? I hoped that sharing of results might provide for some benefit for participants and organisation. What use did interviewed managers make of the information and did the investigation itself change things in some way?

The results of this research were summarised and distributed to the participants. Then, a follow-up telephone interview was held of about thirty minutes or longer to ask for participant responses to the results. In some cases, the interview went as long as an hour. Participants were also encouraged to capture their reactions in a paragraph or written format. In practice, none of the respondents chose to record their observations.

They were asked about what has happened since they were originally interviewed. What happened in the organisation and what happened to them? They were also asked whether the themes that emerged and the description rang true for them. Did the themes fit their experience? Finally, they were asked to elaborate on the "so what"? What could be done in their organisation? What could be done in other organisations with similar experiences? What could be done to deal with the "survivor syndrome"?
This feedback process involved the participants in a process of validation of the study results. Did those interviewed view the description as accurate in capturing their views and the issues? Universally, all expressed agreement that the themes that emerged rang true for the organisation. Some expressed surprise that there was so much negativity or that others encountered the same experience that they did. Some said that the themes still exist and that with continued mergers and downsizing, the experience hasn’t changed much since the initiation of the study.

Some talked about the continued need to rebuild trust, support staff and re-build loyalty. Some said that it is still difficult to obtain timely information about organisational changes. They asserted that upper management needed to tell employees what was happening and find out and address their concerns. The expression was almost a cry for help. Managers were being asked about their experience as part of this study. Would anyone be taking as much interest in the experiences of staff? The investigator’s efforts seemed to serve as a source of venting and support. Some even stated that participating in the study was all that they needed to feel understood and to know others had similar responses to the experience.

Excessive workload was a continual theme, and some expressed hope that attention would be given to recognition of the enormous energy and effort going into the corporation from the survivors. Others expressed hope that Senior Managers would read the results and “do something to help managers establish priorities”.

When participants were asked about the “so what” of the results, a number of thoughts were suggested to help employees and managers cope with the survivor syndrome. The general hope was that the investigator would present the results to the Senior Management Group, so that awareness would be increased and a plan could be created. It was suggested that a formal presentation would be useful, with action planning and follow-up. Susan suggested, “The dollars, cents and image of the hospital are examined, but they (Senior Management) need to recognise these themes. They have forgotten that the people who are part of the organisation make it run. If they (people) aren’t happy, quality of care and productivity are affected.” Donna expressed a similar point of view and stated emphatically, “Senior Management need to see these results and I need to discuss them with the Vice-President of Human Resources.” She stated her
intention to share them with the Human Resources Department and expressed hope that greater awareness and some actions might evolve. She suggested that focus groups might be formed to review the results, discuss the relevance to them, and suggest actions.

John talked about the potential of the study's results to provide a basis for discussion and planning. He said, "This study is useful. It's good having a document to acknowledge the stress and provide a basis (for action). The best outcome for this study is that some of the ways of doing things would change." "Getting into a better work environment needs to be the number one priority."

Helen suggested, "I have hope for the use and outcome of this study. I feel there could be better handling of the themes. There are gaps in how we handle people's responses to change." Mary agreed, "We need to share these results widely along with a response from the facility. Perhaps a discussion with focus groups could be organised. We need feedback and concrete suggestions. How can these results be used?"

What do the results suggest as ways to help organisations and survivors of restructuring and downsizing? According to Anne, "Staff need to recognise that it's okay to feel this way. What I needed was participating in this research. That was enough. People outside the organisation do not know what it's like here!"

As I listened to the reactions to the results, I realised more fully that the nature of qualitative research might be to give a "voice" to the experience. Perhaps the study itself was an enabler of a better experience for the future of the surviving managers. Their greater knowledge of the collective experience might provide opportunity for individual and collective action. Sometimes a study becomes an intervention that impacts or changes participants and organisations. I knew that would be the case with this study because I could feel the energy generated from the results among those that participated and shared in the experience of learning about their situation more fully.

Some participants suggested specific strategies the organisation might use to support survivors. I was reminded, in reviewing the suggestions of managers in the hospital of the comments of Kent Rondeau, an Assistant Professor and Director of health policy and management program at the University of Alberta in Edmonton. He was recently interviewed about treating survivors with respect when downsizing is necessary. He suggested that there is no easy answer or agreement on what constitutes
high performance practices in this area. He stated, “People are constantly looking for a magic bullet to solve the problem of the day. The practitioner literature in particular, likes to focus on the laundry list approach to best practices.” He continued, “In most cases, we can’t really identify one set of practices. It’s impossible to get agreement among both practitioners and academics as to what constitutes a list of high performance practices.”

Rondeau further suggested that it may be combinations of practices that are either “deadly” or “have a synergistic, positive impact” on organisational effectiveness. That is to say, what works in one place may not work in another.

He emphasised the notion that solutions may be contextual and that we don’t know the mechanisms by which some practices work. He stated, “contextual factors such as culture, strategy, goals and the part of the industry you’re working in (for example, home care versus facility-based care), may also play a role” [in whether a strategy is successful or useful.]

What strategies might be helpful in the case under study? What might this organisation do within the context of the particular experience of the hospital managers to create a better experience? Would some suggestions of the participating managers be of benefit? This question was posed to the participants in the follow-up interview. What follows is a summary of the suggestions that may at least lay the groundwork for discussion. What were some strong messages about goals for any strategies undertaken?

Based on discussions with survivors, these may best be summarised as follows:

1. Develop survivor skills and build some excitement for the future.
2. Recognise the work and contribution of those that remain in the organisation.
3. Demonstrate personal integrity and concern for people as key values.
4. Provide job and organisational security to whatever extent is possible.
Develop Survivor Skills and Build Some Excitement for the Future

Managers expressed a goal of wanting to have their talents and energy engaged in building a positive future for the hospital. As John suggested, “They need to refocus staff on the future, not on the loss.” According to Susan, “They need to develop people to build commitment. There needs to be training to help staff grow with the change, instead of saying ‘goodbye’. The changes are exciting. It’s like the butterfly - - we go to goo before we rise up - - going to goo is good.... People need to be developed to harness the excitement. Every situation involves grief, but if you deal with the grief, there is healing and people can move on and become excited about new opportunities.”

The managers expressed a hope that they would be further developed to support the changes occurring in the organisation. John agreed that development would help, “They need to train staff to be global and empower staff more regarding issues related to workload and work environment.... We need perky educators. (Our Employee Assistance provider) provided a session on change. We needed this early with follow-up.... There needs to be a teaching and coaching role for educators.” Helen emphasised the issue, “There are big gaps in skills.”

Along with providing development, it was suggested that the expectations of staff and managers in their new roles require clarification. Building excitement for the future included creating a work environment where managers saw the value they added to creating the future. Somewhere along the way, the priorities for the new world of work needed to be made clear. It was also suggested that an atmosphere free from fear of taking risks would help create that excitement for the future and willingness to contribute to the results. Susan continued, “Staff need to know the new expectations. People need to know what it takes to do a good job. The jobs are beyond the scope of any person and some people are new to the job.... Empowerment doesn’t happen. [We are] just shifting the load to someone else.”

Carol offered, “We need clear direction of what we’re supposed to be doing. You think it’s your role and then you learn someone else is doing it. We need to know whose responsibility is whose. The big thing you have to learn is to advocate for yourself. I went to the group involved and said I thought I was supposed to do the delegated task. We
sorted out what belonged to whom and it cleared the air. We need to create a climate where we can take a risk to sort it out."

Greater dialogue and involvement of staff and managers in decision-making was seen as a way to harness excitement for the future. According to Bill, "There should be far more consultation and focus groups. They should finish what they’ve started and spend as much time as possible on communication. What is important is living the shared vision and follow-through. The potential is there." According to Susan, "staff suggestions need to be really welcomed and encouraged. They need to create freedom - ‘we really want your input’. Donna suggested, "We need to work with people and ask, ‘What do you need?’ ‘What do you expect?’ We have to build a staff survey tool to have ongoing feedback."

At the heart of harnessing the commitment of managers was assisting with clarifying workload expectations. The need to set clear priorities and engage managers in strategic activities was the essence of the message. As Mary suggested, "We do rituals without reason. We hired a full-time consultant and four secretaries to rewrite policies. There was fighting over the letterhead. We’re overworked and have too much. Dealing with this is the priority. The demand is echoed by everyone." Carol suggested, "Administration is suffering too. They need to simplify their goals. There’s way too much going on at once. There are so many meetings that we are showing up for things that have been cancelled." Susan stated, "If they are going to give big workloads, they need to communicate expectations."

**Recognise the Work and Contribution of those Remaining in the Organisation**

Managers suggested that the organisation needed to recognise the work and contribution of those remaining in the organisation. Some expressed the sense that their work wasn’t valued and contributions were not acknowledged. Some even described being ignored. They wanted someone to care about what they were contributing. They also felt that recognition should come from the most senior leaders.

Susan stated, "The most important goal needs to be treating patients and treating staff with respect, believing that the work being done is important and valuable. There
should be no judgements like ‘that’s an easy job’ They need to recognise the importance of what people do.”

She continued, “People don’t need a job for life, but they need to feel valued when they are there.” According to John, “Senior Management needs to give recognition, say ‘thanks’, be around, be visible. They need to recognise the work and things that staff do at all levels.” Helen concurred, “There is no recognition of workers.” And Mary stated, “All staff need to be recognised for their contribution.”

The suggestion is that all levels wanted recognition for the added time and work demands, and stress experienced with restructuring and downsizing.

**Demonstrate Personal Integrity and Concern for People as Key Values**

When managers felt the absence of concern for employees and people as sustaining values in the organisation, their commitment to the organisation was called into question. I wondered whether organisations whose primary mission is care giving experience that phenomenon more or less than other organisations. Does the experience vary when the human resources are the greatest source of expenditure in an organisation?

There was a cry among survivors for leaders to base decisions on the higher set of principles that they heard articulated. The issue appeared to be consistency. Actions were seen as either non-reflective or consistent with the new organisational values. Some saw an economic or political motive for actions. When the human impact seemed less important than expediency or efficiency, some objected to the basis for those decisions. Others expressed a clash between what they saw occurring in the organisation and with their own values.

Susan lamented, “The dollars, cents and image of the hospital are examined but they need to recognise these themes. They have forgotten that the people who are part of the organisation make it run.” Donna stated, “We have built in values - - caring, learning, teamwork and partnership - - to our performance review document. We should know how people live these on a day-to-day basis.” Susan continued, “Integrity and concern for people are the key principles that need to be lived. The stated mission and values are developed but not lived by.” Bill agreed that principles and integrity are important. He suggested, “the philosophy of management needs to be aligned with the verbal style of
management.” John suggested, “We need soul put back into the organisation and good self-esteem.”

Honesty and integrity were stated as important principles by the managers involved in the discussion. “Honest communication is needed. Secrets breed mistrust.” (Susan) “The nitty-gritty of basic human issues should be addressed.” (Susan) “If senior leaders aren’t trustworthy, why should anyone else be?” According to Helen, “We need to deal with the trust issue. We need to assure staff that processes are fair.”

It was suggested that encouragement to staff to maintain a balance in their personal and professional life would demonstrate concern for people. “There is a feeling that you need to work 18 hours a day to keep up with the workload. Renewal is essential. If someone works 18 hours a day, instead of praising the staff for putting in those hours, they should ask. ‘Hey, what are you doing?’ “ (Susan)

Provide Job And Organisational Security

Managers were uncertain about where the organisation was going and many expressed concern that articulated goals would never be reached. They expressed doubt that financial and service goals could be met. As an observer, I couldn’t help wondering whether the managers passed on any of these doubts to staff, even unintentionally.

Managers were also afraid of losing their jobs. As a consequence many were hesitant to speak out on issues affecting productivity and morale. Perhaps their hesitation had more to do with their own anxiety than with the real situation. Perhaps, they reasoned, if they share information about what is going on or speak truthfully about how they are responding to changes in the organisation, they will have less chance at keeping or finding a better job in the organisation. Some openly articulated the philosophy, “I’m not about to burn my bridges”. Respondents generally made efforts to appear politically correct and aligned with perceived organisational expectations because they believed it would help them keep their job.

A general feeling was that people needed to feel safe in order to be productive and that fear of job loss was a barrier to organisational effectiveness. Security did not mean false promises according to Susan, “There has to be a whole new mind set - - 'We can’t
promise you a job but we will do our best to keep you. We value your contribution.”

Susan added, “Put out newsletters that say ‘this is where we are going because of the economy.’ Let people make informed choices based on the outside world. Career management should be provided, while people are still in the organisation.”

John stated, “Once a week at least we need a time just to get together. This isn’t valued at the hospital. People need to feel cared about and that they have a future with an organisation that cares about their future.” Helen suggested, “[Workers] have a need for reassurance. They need to be told up front that Management can’t promise things they can’t honour. They can’t make promises about the unknown. We’re growing or disappearing but we don’t always know which.”

Honesty and messages about trying to keep and relocate staff were seen as important. The message was seen as an important strategy. The message was to provide support for career moves while staff were still working and to find ways to keep employees wherever possible. The other message was to provide job security to the extent possible, so that the pre-occupation with the risk of unemployment was delayed.
CHAPTER SIX: REFLECTIONS, DISCUSSION AND FURTHER THOUGHTS

REFLECTIONS

As we move through the new millennium, there appears to be an increase in the numbers of corporate mergers and acquisitions. Downsizing and restructuring accompany the swiftly growing number of corporations that acquire and merge with other companies to compete in the marketplace. John Spears has described this phenomenon, "The business behemoths are at it again, turning the world's market into a giant mating ground." He quoted information from Thomson Securities Financial Data to substantiate that there are increased mergers and acquisitions.

He asserted, "While the corporate coupling now taking place among leviathans such as Time Warner Inc., EMI Group PLC and America Online Inc., or pharmaceutical firms SmithKline Beecham PLC and Glaxo Wellcome PLC has drawn keen scrutiny in Canada, it has prompted little public policy debate." He continued, "Worldwide mergers and acquisitions boomed last year..." "Globalization is a fact of life..." The author pointed out that whereas, in the 1950's, 1960's and 1970's a few big companies dominated national economies, today's mergers are on global, rather than on national lines.

The corresponding human toll from the massive re-structuring efforts undoubtedly continues. Thus, the relevance of this case and its findings about surviving managers increases as we shift into the first decades of the millennium. The final part of this research includes my reflections about the following four questions:

1. As an investigator, how would I characterise the job adjustment experience of surviving managers?
2. How did the findings from this study compare with the theoretical framework and information from the literature?
3. How well did the case study methodology work to accomplish the purpose of this study?
4. What challenges do future investigators face in conducting similar research?

The remainder of this chapter will take up these questions in turn.
Reflections: How Would I Characterise The Job Adjustment Experience of Surviving Managers?

We have learned how surviving managers perceived they were affected by the experience of downsizing and restructuring. How would I summarise and describe the job adjustment experience of managers in a restructuring situation?

As an investigator, I was brought into this case, this organisation, and the life of managers in the aftermath of downsizing and restructuring. I had been a manager at the hospital prior to and at the outset of the structural changes. After I left, several mergers, multiple downsizings and various restructuring plans were implemented over time. They are still occurring even as this case description is being written. Indeed, recent mergers have created a hospital with five discreet locations.

As a former employee and manager at the hospital, the investigation gave me pause to think about the past. I recalled the relative stability, sense of job security and family atmosphere that pervaded the work environment prior to these changes. What a contrast I have felt in the experience of the remaining managers after studying their survivor experience.

In many ways, this case reflects a cumulative experience in time that stands out as a major life event for surviving managers, traumatic and full of upheaval. That is, downsizing and restructuring are perceived to be the central source of ongoing pain and distress. The case demonstrates that the experience and any corresponding meanings have been going on for some time.

To me, the experience of these survivors was a situation of industrial divorce although they have been kept as surviving managers. The working life that they experienced before the restructuring disappeared almost over night. Through no choice of their own, managers became part of an organisation different from the one they had joined. They remained in its physical setting and were grateful to have a job but nothing would be the same. Surviving managers generally were not willing participants in its trauma. They felt the disintegration of the former world they had known.

Like divorce, relationships were stretched and ripped apart. The social fabric of the organisation was torn asunder. Those laid off - - some former friends - - were no
longer around as part of an internal network. They relied on many of those colleagues for help, communication, information and support. The exit of former associates and way of life in the former organisation resulted in a tremendous sense of loss. They found increased work demands and long hours; some experienced lowered morale, exhaustion and health consequences.

As a way of minimising the disruption to relationships, some continued to socialise with displaced individuals outside of the work environment. This reuniting built continuity and connection to the world they had known and left behind and made the loss less. Managers reviewed their own decision to stay in their present location and position. They watched to see whether others who left found better or worse situations. They felt vulnerable to any continued uncertainty. With each set of structural changes, they wondered whether they would continue to survive. Mounting insecurity also led to an examination of possibilities should they join the ranks of involuntarily displaced employees.

Loss brought with it a full range of emotions - like divorce - disbelief, anger, sadness and grief. Some didn’t want others to witness their fears and anger; they turned their feelings inward. Would things get even worse for them if they expressed their emotions? Would they be seen to be stuck in the old ways? Would they be subtly or overtly punished as a perceived non-supporter of the changes? They were unwilling to do anything perceived as the “politically incorrect” thing to do.

Managers had to deal with their experience of the organisational changes. They also felt an obligation to help their staff (like children of divorce, perhaps) be productive and happy. If they weren’t committed to the new working world and organisational outcomes, how could they expect those reporting to them to be different? They worked to focus on the future and tried not to look back or focus on the past. They coached their staff to do the same.

Some felt excitement about expanded responsibilities added to their work portfolios. Others felt overwhelmed and worn out. The changes and job demands provided most managers with a chance to work more independently. With increased job responsibility, they hoped to lead others and to achieve an even better organisation and work environment than in the past.
Managers applied their skills in the new situation but saw little progress towards the better organisation they hoped would evolve from the changes. Even as leaders, they felt victimised by the new situation. The public relations department published ongoing communications promising "Organisational Renewal". Internal and external "Organisational Renewal" documents describe the anticipated benefits for patients and staff. These ongoing written newsletters carry messages that for the most part stand in stark contrast to the workplace experiences described by disappointed surviving managers struggling to get through the ordeal of increased workload and a demotivating work environment.

Guidance from others, including more senior organisational leaders was practically non-existent. With more to do, managers operated with less communication and direction than before. Some lamented that they felt unsupported and had little control over key decisions. Their loss intensified as they watched respected colleagues and friends involuntarily and voluntarily leave.

In the industrial divorce scenario, there was more to do with fewer resources. Some now had responsibility for over 100 direct reports. Setting priorities in such an environment was essential. Yet surviving managers did not clearly know what was expected of them and how to respond to added demands of the new organisation. Long hours and increased effort characterised their behaviours. The challenge of technology added to the dilemma. Managers complained about the ever-growing quantity of voice mail and e-mail messages. Additional demands and unclear priorities led to putting out a lot of effort and working well beyond the normal working day without any degree of recognition.

To cope, surviving managers worked hard to shape their own attitudes. Time, they felt might make a difference. They looked to themselves and their own personal resilience for the strength to pass through the experience and get to a better situation. At the same time, they looked for explanations and meaning behind the situation. Some looked forward and planned for an early retirement, while others actively sought positions outside the organisation.

The old organisation had clearly ended. They felt alone in their struggles. Why weren’t organisational leaders putting in more effort to resolve the issues they saw? They
interpreted lack of action as leaders placing low priority on the human dimension of the changes.

Coping mechanisms to get through the experience were largely worked out on an individual basis. Some invested in physical self-care as they saw an impact or potential impact to their health. Others sought support from significant others and peers. Some worked hard to extend themselves to others including their staff and those who had been displaced. They made efforts to focus on the challenges inherent in new situation and reframe their experiences positively. Some undertook professional development activities as a way of increasing their skills to meet the challenges of the new world of work.

While some managers boldly dug their heels into the work believing that their very survival depended on it, others contemplated leaving to get away from the trauma. Surviving managers in this situation were full of uncertainty. They lacked the confidence they had enjoyed in the old situation and were unsure about the consequences of their own actions. Who could be trusted? What was the organisationally correct thing to do? They weren’t sure how honest to be about their experience of the changes. Some refused to articulate their concerns believing that it was a politically unwise thing to do. In general, surviving managers wondered whether they were working for an organisation with less heart and soul than in the past.

Most questioned the short and long-term consequences for the quality of patient care in the new circumstances. They examined their new “post-divorce” working world and found an organisation with less “caring” than in the past.

As an observer, I had to ask, “In a world of work where managers felt disenfranchised, disheartened, tired, and under-valued, what level of connection were they likely to develop with their peers, staff and patients? In a setting where compassion and healing are essential experiences for care of patients, what outcomes do we envision for the infirm and vulnerable from the work environment just described?”

Reflections: How Did The Findings From This Study Compare With The Theoretical Framework And Information From The Literature?

There is a theoretical framework to examine in the context of this study. There is also what we believe about survivor experiences, suggestions in the literature, and what
happens in practice. Somehow these ought to be connected but in the case under
discussion, few suggestions from the literature were applied.

What could the literature have offered to the hospital in this case and how did the
collective experience compare with what has been written? In reflection on the body of
literature surrounding this area of study, I believe that this case supports much of what
has been cited in the popular downsizing literature describing “survivor syndrome” with
some variations in the themes and one or two new thoughts beyond those expressed in the
literature.

Emotional upheaval, loss, and an unmistakable human toll characterised the
experience of managers in this study. The impact on survivors was not unlike those
described in the literature. Like the experience of those at Campbell’s soup, hospital
managers seemed to remember the former days and lament that the atmosphere and
organisational climate of the past will never return. The impact of downsizing on
surviving managers was not unlike what was described by Mark, Lee, Fisher and Vincent
--- fear, anxiety, scepticism about the decisions of organisational leaders.

The themes that emerged from the experience of hospital managers in this study
were fear of job loss, physical and health responses, loss and grieving, excitement,
pressure from increased work demands, and loss of confidence in leaders. The literature
described similar survivor responses along with lowered morale, and reduced
productivity. This study did reveal pain for managers in the midst of an experience of
industrial divorce. But, for all intents and purposes, it appeared that they were more
productive, working harder with fewer resources, and working longer hours in response
to increased demands.

The literature generally described feelings of guilt among survivors. As much as
they feel happy to have a job, it was suggested that survivors feel guilty that they have
been spared and other less fortunate colleagues were asked to leave the organisation. In
this case, a slightly different finding occurred. Only the most senior managers who were
required to communicate one-on-one the bad news to individuals that were laid off felt
some guilt in the circumstances.

As stated earlier, the experiences of surviving hospital managers in this case study
were similar but not identical to those described in the downsizing literature. Contrary to
the study by Kepner-Tregoe, managers did not blame staff for any failure to achieve business results. Instead, they attributed any failure to decisions made by organisational leaders higher than their own management level. When they were at a very senior level, they still found explanations in pressures on the industry and in the decisions of other senior leaders and government leaders, funding formulas and other levels of government.

In this case, managers used a variety of individual strategies to cope with the situation. They looked after their own health, re-framed their experiences positively, and focused on the positive work challenges to survive. They gained support from significant others, friends, and peers. They worked to keep in touch and comfort others who were displaced from the organisation or jobs. They actively tried to keep informed and sought organisational information from others. They kept alert to outside job opportunities and in some cases began professional development activities to increase their skills and marketability. Only a few activities were structured by the hospital as survivor supports, according to all that were interviewed. These were not mentioned as being of any real assistance.

How did the findings of this study fit with theoretical concepts describing how organisations and survivors experience transitions? We turn, once again to Bridges’ model of organisational transitions. Bridges description of the first stage of transition -- letting go -- is very similar to that of surviving managers in this study.

Bridges¹²² identified loss and grieving, feelings of isolation, and suggested that people miss more workdays during times of complex organisational transition. He talked about anxiety rising and motivation falling. He also stated that “personnel are overloaded, signals are often mixed and systems are in flux and therefore unreliable.” This description bears remarkable similarity to that of managers in this study. Bridges stressed, “Managed properly, this is only a temporary situation. Left unmanaged, it can lead to terminal chaos.” That is, the hospital needed to assist its managers with letting go of the past and moving on to the “neutral zone”.

As mentioned previously, I see the experience of surviving managers as a form of industrial divorce. If we examine Bridges’ model in light of the work of Scott and Jaffe¹²³ some assistance is suggested for organisations like the hospital in this case. Those authors stressed the importance of assisting staff and managers to understand the cycle of
responses during organisational transition and grieving times. They suggested specific strategies to cope with each phase of the grieving process. Offering coping techniques to managers and employees would seem critical to any plan for survivors. The hospital did establish an employee assistance-counselling program. More acknowledgement of the impact of change on surviving staff and managers from hospital administration may have made a difference in their experience and helped them to "let go" of the past.

Hospital managers repeatedly stated that they weren't sure what to stop doing and what to continue. Bridges suggested that organisations need to define what is over and what is not. He suggested that an organisation runs three risks if they do not. First, people may burn out with the overload because they will try to do all the old things and the new things. Next, they will make their own decisions about what to keep and the result will be chaos. Finally, people might choose to toss out everything from the past which may result in actions that were fundamental to continue disappearing.

According to Bridges, there is a time when the organisation is getting ready for the shifts it must make, and there is a time when the organisation has introduced and accomplished those changes. In between is what Bridges referred to as a "neutral zone". Bridges wrote about the goal of any organisational transition as "normalising the neutral zone". He suggested that if this time of uncertainty is not managed, implementation of the restructuring plan may be unsuccessful. I would say that the hospital did not manage the "neutral zone", and the result was that the necessary reorientation and redefinition did not occur for successful retention of its leaders. People remained confused and assailed by ambiguity and loss.

Bridges suggested that an organisation will be more successful if it addresses and plans for the experiences of survivors as part of its ongoing restructuring and downsizing strategy. He suggested the creation of a formal plan that includes a strategy to anticipate, investigate, and address issues of survivors. His assertion that typically organisations spend more time choosing a new structure and examining the financial implications of the changes than they do planning for human issues seems particularly pertinent. This description certainly applied to the hospital experience in this case.

Caplan and Teese stressed that different groups of survivors need different strategies but agreed that the creation of a plan for an "interim organisation" is
essential. This suggestion is consistent with Bridges’ notion of a “neutral zone”. According to Bridges, “Innovation will take place automatically in the neutral zone if you provide people with the temporary structures (they need), and if you encourage them to find new ways to do things."

Bridges and Caplan and Teese advocated creating a short-term written picture of an interim organisation to guide managers in communicating and working with staff. Such a picture might have provided managers in this case with a destination and results to achieve even when the hospital was evolving with no end to the evolutions in sight. Bridges described this as this as “normalising the neutral zone”.

He wrote about “finding out what supervisors and managers need to learn to function successfully in the neutral zone and then providing special training programs in those subjects. These may include seminars in problem-solving, team building, group facilitation and transition management tactics.” Presumably, the hospital may have benefited from the creation of a clear picture of an interim organisation, including the expectations and ways that managers might contribute to the vision. Then training could have been provided based on a need analysis tailored to the hospital’s picture of an interim organisation. Numerous authors in the literature suggested management training and career development as strategies to achieve success with downsizing and restructuring.

Pitzer emphasised the need to describe how decision-making is fair during times of change. Kemper stressed telling the truth. Bridges’ model reinforced the same ideas and stated, “leaders need new channels of upward communication and need them immediately.” Such strategies may have increased the confidence that surviving managers felt in decisions made by upper management at the hospital.

Involvement in decision-making and strengthened communications was a clear suggestion from the change management literature universally. Bridges suggested increasing communication with managers as part of “managing the neutral zone” to gain support and assure that evolving goals are implemented in a timely way. At the hospital, managers worked in greater isolation from their more senior bosses as the restructuring occurred. The rationale for decision-making was often unclear to them. Management
meetings were discontinued per se at a time when increased sponsorship and contribution to implementation of the changes were essential.

Managers complained about the increased number of electronic and voice mail messages that appeared to be primary methods of communication used throughout the hospital. Ironically, the very vehicles that are intended to increase connection took so much time to answer that face-to-face meetings became less frequent.

The interdependence of surviving managers with others - linkages with their peers, superiors, and subordinates - were eroded by increased work demands and other factors in this case situation. Bridges’ model suggested increasing connection to accomplish organisational change. An important goal during times of transition is to create an atmosphere that is safe in which to regain strong relationships and connection with others.

I observed a general lack of leader alignment with the directions and decisions of the hospital. It may have helped to have a clear strategy to create leadership commitment to organisational goals, strategies, and tactics throughout the restructuring. Involvement in creating the plans may have increased the engagement of managers in those strategies and tactics.

As suggested by Bridges, some milestones with clear deadlines and celebration of any successes may have gone far to enrol managers in a shared implementation process. The uncertainty, chaos, and confusion typical of the “neutral zone” was present throughout the changes at the hospital. Managers were unclear about their new roles and priorities. What new expectations existed? They were unable to see how their role contributed to the larger entity or big picture. They felt little influence over larger decision-making, advice and implementation. Surviving managers also had trouble integrating their personal values with the values they saw operating in the new environment and with the new roles they were to assume in the new organisation.

If we look at Pareek’s ten dimensions of a role that contribute to its efficacy (discussed in chapter two) we see that six of the ten role dimensions were obscured with the advent of restructuring at the hospital. That is, managers described their roles as significant and as providing opportunity for independence, creativity, and growth, But, they weren’t sure how their role contributed to the larger entity and felt little involvement
in decision-making. They did not feel adequately connected to peers. When problems arose, they did not perceive the work environment safe to try new solutions. They were not completely at one with their new roles and did not perceive that they were free to give and receive help.

Thus it might form part of a plan for surviving managers to clarify expectations of managers in their new roles, strengthen interconnectedness, develop a forum for seeking their input into decision-making, and create a safer environment for risk-taking. The hospital did make an effort to make transparent the values operating in the new environment. Some surviving managers perceived dissonance between what the hospital stated as its values and how the hospital treated staff and managers. What mechanism might work to allow managers to constructively raise such issues?

To raise such an issue was perceived as too risky by many of the interviewed managers. They feared that senior leaders would not welcome their suggestions and comments. Indeed, they feared that articulating something not "organisationally correct" could lead to job loss. When problems arose, they felt fearful of ramifications if they appeared to be grieving and therefore not "on side". They mistrusted the results of such discussions. Bridges discussed the need to figure out exactly how individuals' behaviour and attitudes will have to change to create an atmosphere where constructive dialogue, trust, and risk-taking are supported during restructuring. He suggested that many change efforts fail because people affected feel only the pain. The hospital needed to find a way to compensate for the losses felt by its managers. They needed to find a way to give back to balance what had been taken away.

All surviving managers described long working hours to handle an increased workload. They were unsure about what to continue from the past and had taken on additional duties and assignments. According to Caplan and Teese, organisations need to prioritise and decrease the overall amount of work for managers as they downsize. Those authors cited as an organisational best practice the removal of any tasks and activities that are unnecessary and don't add value to the new organisation.¹³³ It is asserted that this strategy may have assisted survivors to handle the new responsibilities they faced in the restructuring situation. They may have felt like something was "given back" that compensated for the losses they experienced.
Bridges’ model fits well with the experience depicted in this case. Hospital managers never did really get to the place of new beginning described as stage three. They seemed to remain in the neutral zone, feeling loss, confusion and uncertainty. They had not really made the emotional commitment to see themselves as new people and part of all the new understandings, values, attitudes and identities.

These and other human issues continue to be predictors of restructuring and merger failure according to the study by Right Management Consultants. The literature described ways that organisations can respond to the human impact and prevent downsizing and restructuring from being so traumatic for survivors. The hospital in this case acknowledged that, aside from implementation of a broad communications plan to serve the community, patients, and internal staff, very little was done to support managers and build the commitment of survivors in the organisation.

I wonder what can help organisations drink from the fountain of literature about how to regain productivity and minimise the human impact? What interventions could bring the human equation into discussions as part of the planning process? The hospital sought assistance from knowledgeable consultants with the logistics and plans for restructuring. According to hospital administrators, more attention was paid to the logistical and financial aspects of the reorganisation than the human side. Clearly, assistance with planning for that side of the equation makes sense.

Reflections: How Well Did the Case Study Methodology Work to Accomplish the Purpose of this Study?

We need to explore ideas about qualitative inquiry to see how to judge this study. Did the case study methodology work to reveal the experiences of survivors in a way that other methodologies might not achieve? That is, how well was the purpose of this research achieved? Are the findings believable? What weaknesses and strengths do we find in the study? What problems arose in methodology, and what were potential impacts of those methodological difficulties on the results of the study? Was I successful in using triangulation to achieve validity with the work in this study?

Patton identified a number of issues in evaluating the quality and credibility of a qualitative inquiry. He suggested three important factors: quality in analysis, researcher
It is pertinent to take up the issues raised by Patton and Gummeson in turn.

My personal values or paradigms are important to understand in drawing conclusions as a reader. So are the values of the system under analysis. As a human resource professional who specialises in organisational effectiveness, my pre-understandings included a strong bias towards human development, management, and change theories. Those biases strongly influenced my choice of models and theories to examine and review. I have a clear belief that supporting and developing people during times of change is an essential role of leaders. I came into the study with certain pre-understandings about organisational effectiveness and management competencies. It was my pre-understanding that if organisations lead and manage change successfully they will have better business results. It is essential that the reader understand my pre-understandings and biases to judge the research accordingly.

As I mentioned earlier in this investigation, some concerns existed for me that my position as a former employee who had been displaced might create problems in
obtaining valid interview data. Sometimes I felt as if the managers were crying out for me to help them - - to intervene with my interview data on their behalf.

I wondered whether participants recalled my former role as an education manager as they went through the interviewing process. In particular, some comments seemed to be reflective of that context. For example, when managers began talking about their desire for professional development, I could not help observing that they were telling me about their learning needs. Such a conversation might have happened at times when I was a former manager of education at the hospital.

Managers expressed a hope that they would be further developed to support the changes occurring in the organisation. John agreed that development would help, “They need to train staff to be global and empower staff more regarding issues related to workload and work environment.... We need perky educators. (Our Employee Assistance provider) provided a session on change. We needed this early with follow-up.... There needs to be a teaching and coaching role for educators.” Helen emphasised the issue, “There are big gaps in skills.”

A primary effort was made by me to be a caring but impartial investigator in the conduct of the interviews. Observations and field notes (which largely arose from the interview process and review of documents) captured on record non-verbal observations of participants and any impressions I had. As the study progressed, I held conversations with myself about the effect I was having on participants as a research instrument. I also reflected on changes in me as an investigator over time. In particular, I was concerned about two possibilities: that participants would not be honest with me and that I might distort views in interpretation based on my own paradigms and biases.

As the study unfolded, I greatly relaxed in my belief that the interpretations of the complex set of events could be captured with sufficient neutrality. The participants appeared to be describing events without distorting or filtering the truth and I felt adequately detached. I cared about and was interested in their situation, but neutral about the findings. For the most part, I needed to do very little probing during the interviews, since participants appeared eager to share their perceptions. They spoke freely and typically continued for long lengths of time without interruption. I have reflected long and hard on the question of my former role with the hospital and its influence on the
study results. I have examined observational data and tried to imagine whether such was the case. Although I am sure that my former colleagues reflected on my situation as these interviews occurred, I am convinced that the richness of their experience was captured. It seemed to me that if they felt any discomfort related to my exit from the hospital, it did not show in their responses to my questions.

Sometimes interviewed managers asked me informally about my work since leaving the hospital I would briefly describe my current job accountabilities. I wondered if they felt as though I was in a better position since leaving the hospital than they were as “survivors”. When, as mentioned previously, managers suggested the need for “perky educators” or development, I wondered whether they were speaking to me in the context of my previous role at the hospital as an education manager. Other than these possible reflections, there was no indication that results may have been any different than if I had not been a former employee of the hospital.

During the project, I learned about the experience of surviving managers and worked to check impressions by continual examination. I was deeply involved with the project but at the same time, worked to retain a certain distance. Impressions gathered through observation, interviews, and other methods were communicated back to those participating in the study for their comment and for an opportunity to question and challenge. The iterations of findings and dialogue with those involved in the study were part of a dynamic process that fostered greater precision in interpretation.

An essential issue presented by Patton and Gummesson is whether the investigator demonstrated integrity, commitment, and competence in the conduct of the study. As an individual, I had worked in various hospitals for over 15 years and had worked at the hospital under study for eight years. I felt comfortable asking for records and knew how to access information and records. I also had previous applied and scientific research experience and expanded my knowledge of qualitative research through study prior to and throughout the investigation. But my pre-conceptions about the hospital and knowledge of various players still working there were of concern to me in the conduct of the research. I worked hard to avoid presenting any interpretations not supported by the data.
According to Patton, one test for credibility in qualitative research is to look for rival or competing themes and explanations in the data. The question is whether there is another way to organise the data that might lead to different findings. In this case, only one interpretation was developed. It would be of interest, and a helpful test of the validity of the presentation if a rival version of the emanating themes and “thick description” were created by another investigator and made available for examination.

The goal of this study has been to take the reader into the case situation, the life of the managers, and in the hospital under study. This case study was one story of an organisation going through downsizing, mergers and restructuring. A stage by stage account of the research process including a detailed description of methods and coding procedures is included in this report. Verbatim transcripts are presented, so that the reader may draw their own conclusions and examine any rival interpretations of the data.

The journey continues for the hospital, but the beginning of the study was a point of major departure for the hospital from the way things were. The goal was to share a description of a myriad of dimensions, factors, variables, categories of experience woven together, like a tapestry, to show the final display. It is my belief that the case study method met this goal very well, but it is up to the reader to judge the adequacy of the description and the credibility of the research. Although I have confidence in the interpretation and believe it is supported by the data, readers will also need to judge whether the conclusions reflect reality and have logical consistency.

When the summary of the data was presented to interviewees, with the themes identified, they were specifically asked whether the tone of the report and content “fit” for them. They were asked about the adequacy of the description. A test of the validity was whether the summarised results - - the thick description - - felt accurate or true for those who passed through the experience as survivors. Universally, those interviewed stated that the summarised description rang true for them.

Patton emphasised use of “triangulation” in data analysis to enhance validity and verify findings. The study may have been enhanced if results from this case study were compared with other types of studies (with the same study purpose) including quantitative analyses. Similarly, using multiple interviewers and investigators may have reduced any bias that resulted from a single investigator handling all the interviews and
analyses. Another possibility would be to examine the data from different theoretical perspectives (theory triangulation) to see whether those perspectives would conflict with each other in interpretation of the data. How might the themes change if they were explored from the points of view of different stakeholders, e.g., staff, administrators, board members, and patients? The study relied primarily on triangulation in qualitative data sources to gain information about the job adjustment of managers.

The case data for this study primarily included:

1. Interview data
2. Recorded observations
3. Documentation informally produced and shared to the extent that the hospital was willing for purposes of this study
4. Publications, especially the “Organisational Renewal” communications prepared by the Public Relations department of the hospital
5. Feedback from interviewed managers through telephone conversations about the results based on a written summary supplied to them

All of the above were used as combined sources to provide multiple perspectives. The goal was to achieve triangulation through selection of a purposeful sample of interviewees and multiple sources of information. These sources were cross-referenced and used to achieve a thick description, which it is believed reflects the experiences of managers.

This investigation devoted itself to a single example of an organisation - - a hospital - - undergoing major complex restructuring and downsizing. It explored the experience of its surviving managers. A relevant question from a methodological perspective is, “Did the data reveal the complexity, and was the study adequate?”

For some, questions of credibility may arise in using only eight in-depth interviews of managers in this case. Did the numbers provide adequate evidence along with the other documentation and observations? Although I am convinced that the repetition that developed in participant responses and general logical consistency provided evidence of the experience, others may question this opinion.
A problem arising in the research was finding interviewees who met the criteria for selection, especially as a "survivor". Over time, fewer and fewer managers who had "passed through" the experience were still employed by the hospital. Of an initial group of over forty managers to interview, downsizing left only about fifteen potential interviewees who had the relevant experience to provide the evidence. By the time the study was completed, only four of the eight volunteer interviewees remained with the hospital under study. Such dilemmas pose a major challenge for investigators. One might argue that greater numbers of interviews would be more convincing. The essential question is whether interviewing more managers have produced a radically different case description.

What is the contribution of the research? The results primarily apply to those managers participating in the experience. Readers were presented with themes drawn from the evidence for consideration. The study does confirm much of the prior research, models and theories related to "survivor syndrome" in the literature. It describes reactions to anticipate in similar situations and ways to plan for survivors during complex organisational change, especially in the health care setting.

A significant part of this research was what the organisation under study learned from this investigation. The interviewees used results of the research as a learning opportunity for themselves. At the very least, their experience was validated as they read the results described in Chapter Four. They undoubtedly realised they were not alone in their perceptions of the experience. The hospital administration and research institute received a summary of the results. Some senior administrators expressed appreciation and said they saw immediate opportunities to use the findings. It is hoped that this research helped the senior hospital officials to understand the experience of surviving managers. It is also hoped that the study assisted with progress towards organisational goals. Perhaps going forward the hospital will demonstrate greater commitment to the human side of restructuring and downsizing. That is my hope.

Beyond this organisation, there is hope that if the study becomes widely available, it will benefit other hospitals and healthcare institutions in their endeavour to successfully restructure organisations.
This investigation devoted itself to a single example of an organisation - a hospital - undergoing major complex restructuring and downsizing. It explored the experience of its surviving managers. The primary value of this investigation is not to generalise but to provide evidence of the experience. The study provided fresh insights about the experience of survivors at the hospital under study.

This hospital’s experience of downsizing and restructuring among surviving managers is a “critical case”. It makes a dramatic point about the impact - analogous in my observation - to industrial divorce - on surviving managers. If the traumas and experiences as described were observed in this healthcare setting, they could be observed anywhere. The focus of this study was to understand the experience and the case. However, if this organisation encountered problems in succeeding with the human side of the equation, we can be sure that other healthcare organisations might encounter similar problems.

One case does not technically permit broad generalisation to other organisations. However, it may be logical to assume that we can learn from this case lessons for other settings, public or private, as the mergers, acquisitions, and restructuring continue in today’s business world. The study suggests reactions to anticipate in similar situations and ways to plan for survivors during complex organisational change, especially in the health care setting.

Final Reflections: What Challenges Do Future Investigators Face In Conducting Similar Research?

What are the challenges and what further questions arise from this investigation? Earlier I alluded to the difficulty of getting organisations to avail themselves of the information available from the literature. Many organisations do not have the dollars to hire internal or external consultants to assist them with coaching through these transitions. Many human resource departments or qualified professionals are too stretched to provide the support required for transitions. Many executive officers do not themselves have expertise in managing the human side of large scale restructuring. Besides, they have enough challenges in managing the financial, logistical, structural, and incremental changes inherent in restructuring. The need to plan for and handle the human
side of restructuring is suggested by this case. But how do we convince agencies to make it a priority? What are the implications for Human Resource professionals who may be a position to assisted organisations with the challenges described in this case study?

I am reminded of the study by Right Management Associates\textsuperscript{139} that linked effective handling of human side in mergers and acquisitions to financial gains. Perhaps more investigations establishing the link between business results and human handling could convince organisations that planning for people is essential in restructuring situations.

As mentioned earlier, we need to turn to the culture of organisations and ask, what does it take for a company, agency or institution to drink from the pool of literature that could assist with making the human situation eased and transition successful? As companies downsize, merge, restructure, and re-organise, how do we get them pointed in the right direction? What evidence would convince business leaders that it makes sense to proactively plan for the human side of an operation as restructuring occurs? Future investigations could find the answer to that question.

It seems that the literature suggests possible broad strategies and principles to support transitions. Perhaps it is the translation of the broader principles into an actual “how-to” plan that poses the difficulty for organisations. We need specifics about the “how-to’s” and we need to validate that the suggestions in the literature can really make a difference.

Managers participating in this study felt supported by the opportunity to describe their experiences through this research. Perhaps one size does not fit all. Can we find out the answer to that question? And if that is true, what could convince organisations of the value of diagnosing the needs of surviving managers as a way of giving their experience voice? The suggestion is that methods used in this study may be of use in restructuring situations. Strategies could be identified and implemented based on interviews and analysis to support the human side of the restructuring initiative. An entire body of new literature would need to be developed, based on that premise. Again the effectiveness of action research in supporting survivors would make a good topic for further study.

The case raises other significant questions. Are any parts of the survivor experience more “potent” than others? That is, would any specific strategies have more
impact or be of greater importance than others? Is there a way to determine the most potent strategies for an organisation in advance of introduction of the changes or even as the experience unfolds?

Would any quantitative studies or other qualitative studies be able to measure success of strategies used during downsizing and restructuring? What criteria would constitute success for organisations undergoing such transitions? Can we find ways to measure success with the human side of the organisational changes? The answers to these and other questions will need to be the subject of future investigations.

I am troubled by another question that I feel is worthy of reflection. Today’s businesses are in a state of continual change. Is it reasonable to expect managers and staff to cope with a continual state of turmoil, uncertainty, and being in no-man’s land over a period of years? Managers need to feel that they add value to the new situation and are contributing to a future vision. But to expect managers to lead a team of staff to success in an indefinite sea of unpredictability, turmoil, and ambiguities does not seem reasonable. What is the impact of that environment on today’s managers?

The effort of today’s managers and organisations needs to be focused on re-orientation and redefinition. Yet today’s organisations are in a land of continual change, with no end in sight. Is there really a “neutral zone” that is an interim picture? Would today’s organisations require multiple pictures that would need to change more quickly than there is time to create the pictures? Is there an opportunity to achieve the interim picture before the next iteration needs to be articulated? Again, future research would be useful to explore this issue and the helpfulness of presenting managers with multiple “interim pictures” over an indefinite period of years.

What does it mean to do action research in such a volatile setting? The unpredictability of the business world poses increasing challenges for the field of research that relies on predictability as one foundation to its value. While my previous suggestion is that chaotic organisations may pose a difficulty for investigators, there are those who hope for the type of workplace characterised as chaotic. Dee Hock suggested that in today’s organisations, “a tiny change early on can create vast and unpredictable changes down the road - - a road never straight but endlessly branching, like the pattern
of a ganglion or lightning across a western sky." He would like to see the complex, unpredictable way of nature acknowledged as a way that organisations operate.

Hock asserted that we have to look at organisations and talk with managers in a totally new way. He described the arrival of VISA (credit card) and the Internet as examples of single happenings that have changed the way organisations and businesses operate. He suggested that earlier change management models no longer are adequate to describe the way that change is experienced and managed in today's organisations. He asserted that we need to create "sophisticated, four-dimensional physical models" to represent the new concepts. Such models would provide a means to compare concepts and theories about organisational chaos with the experiences of today's organisations as they undergo radical technological transformation, (e.g. eCommerce), and reinvention.

The Canadian healthcare system is in a state of continual change and volatility. According to Nadler and Tushman, "The Canadian healthcare System has been moving through a period that one can only characterise as being in a state of flux. Healthcare organisations find themselves competing over reduced healthcare dollars, leading to downsizing, including budget and program cuts and employee layoffs. The environment has changed from one that could be defined as relatively stable to one where volatility has become the norm, and organisational designs and structures have had to adapt in order for these organisations to survive."

Non-healthcare organisations are subject to same state of volatility and flux.† In space of less than one month at the beginning of the new millennium, local papers

† Woolworth's was reported to lay off one-third of its workforce; General Motors restructured to create a single engineering and manufacturing organisation; In a massive round of layoffs, Coca-Cola Co. announced it was slashing 20 percent of its workforce; Linux and Corel, Inc. announced a merger; Fiat was rumored to be merging with the German-American auto group Daimler Chrysler AG; Quaker Oats Co. announced plans to decrease jobs and close its Pennsylvania cereal plant. Monsanto Co., already in the process of merging with drug maker Pharmacia and Upjohn agreed to sell part of its business to Tabletop Acquisition Corp.; Shoppers Drug Mart, once part of a Montreal-based Imasco Ltd. was privatized and sold to Kohlberg Kravis; BellSouth announced plans to cut 2,100 jobs as part of a restructuring effort; Mannesmann AG (telecommunications) merged with Britain's Vodafone AirTouch PLC; Lucent Technologies Inc. announced the takeover of Ortel (maker of lasers); Pfizer Inc. bought Warner-Lambert to create the second largest pharmaceutical company. The combined
reported on no less than twenty restructuring and downsizing situations. Announcements of mergers and acquisitions with any resulting downsizing and restructuring are an everyday occurrence. The expansion of an organisation is typically accompanied by a quick examination of opportunities to achieve efficiencies with subsequent closures of parts of operations. Although we are in a new millennium, the effect is often the same as in the downsizing and restructuring experiences of the 1980’s and 1990’s. The human impact is inescapable. The demand on managers who survive the changes to do more with fewer resources and lead through the transitions continues to be the hallmark of the restructuring efforts.

It is hoped that the experiences depicted in this case will be instructive to human resource practitioners and others as restructuring initiatives go forward. Just as this study started by identifying the experiences of surviving managers, a first challenge for human resource development professionals in any organisation is to learn the nature of survivor experiences. A second challenge is to connect the organisation with the literature and what is known about managing survivors, including the experiences and suggested strategies unveiled in this study. Finally, it undoubtedly falls to human resource professionals to provide strategic leadership for the human side on an ongoing basis. That is, practitioners need to identify a process for taking stock of what is working, and not working, for survivors. They need to clarify and build commitment to the issues across the organisation. Finally, they need to examine the context on an ongoing basis and create an action plan to support survivors.

companies are makers of the impotence treatment Viagra and cholesterol-fighting drug Lipitor as well as household names like Listerine, Rolaids and Visine. The CBC restructured and laid off staff in an effort to trim $25 million from its costs. Abitibi-Consolidated Inc. rapidly consolidated the forest industry by announcing a merger with Donohue Inc. The Bank of Montreal sold 34 branches in Western Canada. IBM bought the LGS Group and information technology group. Agra Inc. (an engineering firm) merged with another firm called Amec PLC of Britain; Rogers Communications Inc. bought LeGroupe Videotron Ltee of Quebec. Finally, BCE bought Teleglobe Inc. to strengthen its telecommunications holdings.
Things have not improved significantly for managers at the hospital under study from the time this investigation was initiated. Indeed, the hospital continues to restructure, even as this is being written.

**ADDENDUM**

The following summarises what has recently happened to the eight interviewees in this study:

- One manager left for a higher paying position.
- Three were laid off when their jobs were eliminated.
- Four managers still remain with the hospital.
- Two of the four have increased responsibility with the latest restructuring initiatives.
- The other two remain in the same positions, for now.
REFERENCES


Craig, Barbara and Ronald MacLeod. A Separate and Special Place: The Queen Elizabeth Hospital. Toronto, Ontario: Rous, Mann and Brigdens, 1984.


Thomas-Lowe, Julie, “Nestle USA, Inc., Consolidation Communications Program,” In *Downsizing and Restructuring*, by the International Association of Business


TO: All Department

FROM: Mike Charlton, Research Institute

RE: Study of Job Adjustment After Downsizing

DATE:

The purpose of this memo is to inform you of a research study underway at the Hospital and to request the assistance of managers who are willing to participate in the study.

The research investigates the experience of managers who have survived a downsizing or restructuring. It is a qualitative study which requires in-depth interviews, perhaps more than once. The ultimate goal of the research is to assist managers in similar positions to adjust to the new environment after downsizing or restructuring.

The study is being conducted by Kay Duchemin (principle investigator) with assistance from Rosario Mangalindan (research assistant). It is being funded through the Queen Elizabeth Hospital Research Institute and is also in partial fulfilment of requirements for a doctorate with the University of Toronto.

If you are a hospital manager who has been with the Hospital at least two years, please consider participation in the study. If you are willing, contact Rosario Mangalindan (3081) to indicate your interest. More information will be provided to you at that time. Your assistance with this study is greatly appreciated.
CONSENT FORM

The goal of this form is to fully inform you of the nature of the study in which you are participating and to acquire your consent for participation. Although your participation is welcomed, you have the right to withdraw from the study at any time and/or refrain from answering any questions that you prefer to omit.

The purpose of this study is to learn about the experience of survivors of a major organisational restructuring or downsizing. It is also the intent to learn what assists with effective settling into the job during and after the experience.

The study is expected to identify any consistent crises or experiences that occur among “survivors”, whether these continue or dissipate and what may contribute to adjustment to the transition. Ultimately, it is hoped that the study will assist with answers to other questions such as:

- Can job adjustment be assessed?
- Are there any educational or management strategies which can assist during those times?
- What training, support and coaching might be useful?
- Are any of the experiences predictable and consistent?
- Does the experience of each person vary?
- Do any models or theoretical constructs emerge which can frame or describe the observations?

This study is qualitative in its approach which means that the goal will be to explore your experiences in depth. Consequently, you will be asked to participate in several interviews. The interviews will occur one year or later after the restructuring occurred in your organisation and up to three years later. Your cooperation will be sought to take as much time as is necessary in the interviews to obtain a full description of your experience. This could involve up to two hours per interview and follow-up interviews if required to obtain an in-depth account.

The description you generate will only be reviewed by the investigator, assistants and academic supervisors in this research project. Your name will not be used on any of the documentation (a code name will be used). All responses will be kept anonymous and confidential. Data will be held for the full length of the research project and maintained by the investigator in confidence for one year subsequent to the project. At that time, the raw data will be destroyed; it will not be used for any subsequent research or kept longer without your permission.

Please be assured that if you refuse to participate or answer questions your withdrawal will not negatively impact on your employment status.

The identities of the researcher and assistant are listed on the information page. The funding for this study is through The Research Institute of the Queen Elizabeth Hospital, Toronto. The study also is in partial fulfilment of requirements for a doctorate with the University of Toronto.

Remuneration for your participation in the study will be $50.00 and will be paid subsequent to the follow-up interview.

I have read the above description, understand the purpose and nature of the study and consent to participate:

Signatory ___________________________       Date ___________________________

Witness ___________________________         Date ___________________________
ADDITIONAL INFORMATION FOR THOSE VOLUNTEERING TO PARTICIPATE IN THE
STUDY OF JOB ADJUSTMENT AFTER DOWNSIZING

1. **PLEASE** feel free to call with any questions you may have at any time. If you need to change the interview schedule or just wish to discuss the study with the investigator, please contact:

   Kay Duchemin (Researcher)    (416) 000-0000
   (905) 000-0000
   Or
   Rosario Mangalindan (Assistant)    (416) 000-0000

2. The study is expected to proceed over a two year period. Your commitment to that time is requested but you have a right to withdraw from the study at any time. You also may refrain from answering any questions that you care to omit.

3. The Researcher or Assistant will contact you to find a mutually convenient time and location for the interview. Ideally this will occur in a solid 2 - hour block of time immediately. Please choose a location which affords privacy and no interruptions. The goal of the study is to accurately reflect “your story” and experience as an individual. Therefore, you will also be asked to read the collective experiences of the group data and to comment on the extent to which it describes your experience. No names will appear on the research to maintain confidentiality.

4. The structure of the interview will be, in part, a function of the discussion that emerges. You will be asked about your experience. You may wish to describe the times before, during and after the downsizing/restructuring.

5. To proceed with the study, your consent is requested. Please sign the consent form and return it to Rosario as soon as possible if you are willing to participate.

6. Since this is a study of your experience over time, you may be asked for interviews more than once over time, after one year and before the end of two years subsequent to the downsizing. It is anticipated that over the next two years the study will not require more than ten hours of your time in total for interviews and review of the descriptive account.

7. Before the end of the study, a small stipend of $50.00 will be paid to those who have participated in the Research.

Thank you so much for your interest and willingness to participate.
INTERVIEW GUIDE

Time ________________ to ___________  Interviewer ______________________
Place ______________________  Interviewee ______________________
    (code name)

Introduction: Introduce myself, thank them for participation and consent. Describe purpose of study, time required, use of data, stress confidentiality, freedom to withdraw, may not wish to answer and no bearing on employment status. Final report will be description of experience. Assistant and myself only to see raw data - destroyed 1 year after study ends. Use of false names. Request their review of final report.

1. Tell me about your experience as a survivor of the downsizing.
2. When would you say your experience of the downsizing began? Have you passed through the experience?
3. What were things like before the downsizing?
4. What was it like at the time of the downsizing? What are things like now?
5. As a manager, what has been the impact of the downsizing on your job? Has your job changed? How?
6. What has helped you to cope?
The following internal hospital documents were consulted during this study:

**A Separate and Special Place: The Queen Elizabeth Hospital**
Barbara Craig and Ronald Macleod
Rous, Mann and Brigdens, 1984

**GTA/905 Health Services Restructuring Report, November 1997**

**Health Services Re-structuring Report, April 1998**
Health Services Restructuring Commission
56 Wellesley Street West, 12th Floor
Toronto, Ontario M5S 2S3

**Organisational Renewal at the Queen Elizabeth Hospital**
September 1994 – May 1996
Cliff Nordal, President

**PriceWaterhouse Coopers Report: Queen Elizabeth Hospital Organisational Changes, 1994 - 1995**

**PriceWaterhouse Coopers Secretarial Support Services Review Report, 1995**

Dr. Neil Stuart, Partner, PriceWaterhouse Coopers
Toronto, Ontario

**Response to the Health Services Restructuring Commission Notices, March 6, 1997**
The Rehabilitation Institute of Toronto
Cliff Nordal, President
550 University Avenue
Toronto, Ontario M5G 2A2
APPENDIX B: VERBATIM TRANSCRIPTIONS

VERBATIM TRANSCRIPTION OF INTERVIEW WITH ANN

Time: 4:05 p.m., January 4th, 1996
Place: Ann’s Office, The Queen Elizabeth Hospital, 550 University Ave.
Interviewer: Kay Duchemin
Interviewee: Ann Matthews

My Comments/Observations: Relaxed position. Eager to talk. Surroundings are orderly. Numerous project notebooks and 3-ring binders on bookshelves. Little need to open the conversation.

K: Tell me about your experience with the downsizing.
A: When we cut, we cut too deep. I think it’s a feature of re-organisation. We lay out a plan. We can’t see until we get there. You never get the whole feel of it until you’re there. Clinical disciplines are managing and don’t have the same pressures as managers. Negative feelings exist. Change theory doesn’t apply. Even X, in guiding the discipline leaders, has problems. There is poor understanding by staff, e.g., CUPE. How many staff will leave? “25%” is not understood by staff. There are some new systems, but these need to be learned, e.g., computers. This is a baby step.

Big efficiencies can happen but multiple systems have to be integrated. The large shift that we made - we shifted so radically that we haven’t got a sense of morale going for the corporation. External environment means no stability. We’re trying to be a learning organisation - can’t apply behaviour theories or change theories. The change dynamics are weird - some behaviours are dysfunctional.

Some staff say “My head nurse told me....” But, I observe “Head nurses have been gone for years”. “Nurse manager” no longer is the title either. Staff behave as if it’s the old days.

I feel privileged to be here, but inadequate because I may not have credentials for this job. I’m putting unique skills to work on problems. In the future, the larger
part of current jobs won't exist. There will be a series of tasks and projects to do. There will be a broad scope to the jobs of high level managers and worker jobs. Right now, all work in the corporation is a project work, and there is so much of it. I could work 24 hours and not get it all done. X__, X__, and X__ are in the old paradigm of trying to do it all. We still do low value activities. We collect data the Ministry of Health doesn’t care about. We are implementing MIS guidelines without guidance or help. There is no support to step organisations through it.

Therapists are required to collect detail without an awareness of why or the rationale. Formerly, managers would explain it all - now discipline leaders have to do it - but they aren’t skilled in doing it and don’t know why they are doing it.

New people don’t find the same problem with handling things. People (staff) who were here before haven’t changed. How do you make them change?

There are less leaders. These leaders haven’t figured out how to inspire clinical people to behave in the new paradigm. I can see the gaps - we just don’t have anyone to inspire staff to higher levels of performance.

With so many areas of discipline reporting to her, X is too busy to be accessible the way she used to be.

I’m glad I’m not a Program Director. Such a wide responsibility and one isn’t sure what to address first. For example, we’ve had two recent firings of managers. Despite the best intentions, there are not enough Senior Managers to follow up and provide support for some of these managers and initiatives.

K: Why were the two managers fired?

A: He (one fired manager) got off track. If they get too out of synch, they are out. Managers need to check up and report in to check out where they are going. There is no day-to-day rapport anymore. I can “drop in” but my boss is rarely available. People need the approval “that they are doing the right thing” - from their superior. Theory is ideal ratio to manager is 1:12 or 1:7. Most who have the title “manager” have many more than the ideal ratio of 1:7. Some have more than 140 reports. These managers have gone from 20-30 full time peers to having only a few peers to talk with.
The Program Directors now have Speech, O.T., Physio and other disciplines. These are important positions reporting to someone but without connections to Senior Management. There are many broken lines - unusual reporting relationships - no logic or ability to logically supervise someone. There was a significant amount of shifting around during the first 6 months, e.g., the secretaries reporting to X - then they were moved off. Unfortunately, some were casualties of the situation. Our organisation is organic. It doesn't take too many brains to know that anyone could have been laid off. How can the CEO sleep at night? He deals with layoffs, etc. One has to put distance between yourself and the environment. You walk out of your office and smile. The goal is being pleasant despite the turbulence. You get used to turbulence. Some expect it to be over - others deny that it's ever happened. We still have signs up that say "Nursing Administration this way". Our CEO took them down and put them back up again. There's confusion. There is benefit for me to be part of the change. Some days I say "I'm the luckiest person in the world." Other days I say "Oh well, all this will look good on my resume". I have lost the onerous components of my old job and kept the best parts. I can do creative projects - get to know much broader components of the corporation. I get to work with a broader range of people. I co-ordinated the move of ABI from 10th to the 4th Floor. I get to know more about the organisation. I feel more secure in my job. I feel for the CNS's. They are very specialised and have less representation. They are insecure about their jobs. I rationalise: "If they let me go, who would do it? We're so short. Clinical staff feel the weight of investigating risk management situations." I have chosen to feel secure. Even if I am gone, I can put it on my resume. I feel bad for the people who left the organisation, but I see some of them progressing. Some are bound to be negative. Others have done well. People get far too attached to organisations. I have been here for five years. I feel comfortable here. Only the first year was a honeymoon. It has not been a smooth trip. All that I am responsible to and their superiors have been decent.
During crisis time, I’ve seen people do really stupid things. I try to be neutral - not laugh or be negative. I say “Thank God, it wasn’t me today”. It’s really difficult - when I go home I find myself yelling at someone. I’d been under a lot of stress and had moments of clarity. “Hey, this is really affecting me.” People tend to lock it up inside. I recognised the problem - tried to talk about it with X. I’ve become a little bit more comfortable in expressing these things.

I was spared. It’s been a very interesting time. It’s been valuable in learning some things about myself, e.g., in the hospital it is very difficult not to celebrate Christmas. It’s hard to separate these issues - I didn’t recognise how difficult it is to be a part of a visible minority until I experienced discrimination as an invisible minority in not celebrating Christmas.

A lot of what’s happened since I came to the hospital has helped me be stronger. My parents died when I was young - I felt stronger. This was a similar situation to the crises I have faced in this organisation. The difficulty has made me stronger as a person.

Once an organisation gets turned inside out, it’s an opportunity to see how things tick. I often have the feeling that someone could blink and we wouldn’t exist anymore.

We’ve tried to maintain a “family” culture, but there are fundamental charges and disgruntled staff.

The feeling of QEH as a special place lives in some of us - to staff, it’s just words. After one year in the new structure, we should be getting on with it, but now there are still strange behaviours. We have moved people into programs, but people still behave in departmental cliques. The OTs are specially anal.

We got new Pentiums (computers) in the ABI. There was inter-discipline bickering: who should do what? - OTs, vs. Nurses. Small departments feel a distinct lack of representation. The management issues are being missed - they are going through the cracks. There are a number of risk management issues.

Behaviours don’t stop at the staff level. Some Program Director comments are inappropriate - e.g., “Nursing staff should be fired.” In the context of the new structure, it was awful. I looked at it as acting out.
There's nobody this hasn't touched - like AIDs or impacted in a significant way. Maybe we won't die but we're all touched by it.

We're not at a stage of seeing a lot of benefit back as a result of the changes. We will see it.

We breathed a sigh of relief with the government report that we have a role as a hospital. There were very strange things last summer - "when the rat's away, the mice will play." Then in the fall, the report came out. We had a sense of future to the place.

There are a lot of issues going on. I don't know. X__, X__ and X__ know all. Going to Board meetings is available to us. The original impetus was "it's a good thing to do" - but the direct impetus was the "Relationship by Objectives" with the Union. They said we have "Secretive Management". The meetings give me interesting insights - the mood of the Board; what Senior Management think; how decisions might be formulated. I have a much clearer idea of the audience for my reports. We have a superb Board. They challenge each other and ask good questions. The meetings give good insights into our hospital's colleagues. Runnymede suggested taking us over. The Board meetings are helpful for the few that bother to come (8-10, mostly Program Managers).

You can't do attendance management work in this environment. It is an adversarial environment - people are sick. They really are sick. For days I was too anxious about an issue. I stayed home and felt better.

There's a certain amount of delusion in everyone's life. You can envision some things. It makes the difference between hope and despair. My recommendations for other survivors: Therapy needs to be undertaken with those who are left behind - they need to cry and laugh about the blunders. I realised that I was getting some therapy for the stress that goes on - through Dr. X. I found opportunities to learn and get therapy. I don't think I was wrong - it allowed me to understand it better to avoid putting me in that situation of getting lost.

It took a long time before I could turn the corner. I had a lack of self-esteem from a previous layoff, but now I can get by without feeling bad. I was able to train an
employee in a skill without being upset. I hate the way she approaches things. I choose to see some good in her.
I hate getting at odds with myself. In the old QEH, far too many Nursing staff got away with things and there was no discipline, e.g., even for striking a patient. It was frustrating as a manager to deal with this.
Managers in Nursing were so frustrated that they said “Okay, give me my $ and I’ll go”. Managers were fed up to here. When the ship’s in dock, I’ll board. We’re certainly out to sea.

K: When did the time of restructuring start in your mind?
A: In November 1994 - that’s when it started. The old QEH is still there. New QEH - we’re not there yet. We need to say “This is the new QEH”. Our President is good at presenting his vision quickly.
We have to have a point in time where we say we’re not calling it the old way anymore. We need to say we’re calling it Program Management. People organise their mental processes around structure. There is a multi-dimensional continuum. It’s not linear but we need to structure to say this is the game board. We were playing monopoly - now we are playing chess. I laughed at the films we saw - having ceremonies to say goodbye to the old way - but it did make sense. A ghost is a hard thing to see. You need an outline around it to see it. Managers need to compartmentalise their life. “My one brain cell isn’t working very well” - X says.
We need structures to cope with the leverage of change.
The effect of all this - I have no interest in Continuing Education; we are saturated with it at work; I am not feeling the need to be regenerative. Mature people aren’t in a frame of mind where they can change sets all the time. We have to stay in one place for awhile. We need to say that was a horrible memory. Now is a new time. Maybe that’s why some haven’t come out of this.

K: What were your biggest adjustments?
A: There is a large amount of independence that I have to cope with. Up to half the things I do my boss doesn’t know about. I just do it. I have to be at the high level of operations. We have an organic organisation - we want no authoritarian behaviour. People are crying out for a boss. It’s almost as though people are
misbehaving to get attention. A Director was accused of being racist. She held her own. Afterwards, people calmed down. People crave for attention. I still crave it (craving for structure - more regular meetings) - but if my boss is really busy I can take it. I’ve learned when it’s important to involve my boss. I’m fortunate. If I need her, I’ll find her.

We’re changing from a predominance of female and ethnic cultures. “Expect to be told” vs. “Seek out directors”. It’s a confounding issue. We have a long way to go.

I compare my own behaviour with my boss. A lot of her behaviour I attribute to her single parent status.

K: What has helped to cope?
A: Direct and honest communication with my boss was the single most important thing. My own coping skills helped - the corporate persona. I knew how to get support by modelling what the organisation wants. I fit in well.

K: How did you learn what the organisation wants?
A: My boss told me what the organisation wants. You learn by blundering around. People tell you that’s the way this should be handled. I can put on a brave face for long enough to feel my way through it. I’ve learned how to cope with major crises. My boss supported me in my decisions. I maintained acceptable behaviour through the change: not spreading rumours or speaking ill of administration. - Not picking up on rumours and let it destroy morale.

People need a reality to hold on to. There is a time when there is no point of view that is absolutely true. Management creates the vision of reality. Staff feel the reality of the frontline view. I couldn’t tolerate listening to a theory being spouted and living through such reality.

As a manager in the past, the expectation was that I be enrolled in an academic program.

K: Has that expectation changed?
A: The more this gets played out, the more I want something completely different at home. I long for simplicity. I say “If only I can get out of this ridiculous situation”. There is so much growth here. It’s too painful. It’s too much! I say
“It’s impossible to know how these things will live out. I am adding a layer of paint. I will use the experience to cope with another new experience.

There’s no difference between the laid off and kept on staff (I’ve done both). Both laid off and survivors must find another job and identity. They are in the same boat. They find themselves in the same organisation with opportunities and pitfalls. It takes discipline and energy to find the new path. The pitfall is to be left behind - you need to get back to a productive mode and to know where you belong. The changes are still going on and will continue.
VERBATIM TRANSCRIPTION OF INTERVIEW WITH CAROL

Time: 4:00 p.m., January 23rd, 1996
Place: Carol's Office, The Queen Elizabeth Hospital, 130 Dunn Ave.
Interviewer: Kay Duchemin
Interviewee: Carol White

K: Tell me about your experience with downsizing.
C: Looking back, the first year was hard. The rest of the staff didn’t want this. They kept calling me Nursing Manager. I told them I wouldn’t change anything. Then we got past the point. Everything was a big deal. Now - lots of glimmers of hope. We had a safety inspection. I started to correct things. There are four modules and four corridors - “Why don’t we each take a corridor?” They (staff) weren’t ready; paramedics weren’t either. They were closely supervised before. Nursing was better off than others. Paramedics realize now they can function independently. I’m sure that’s only the surface of it. I’ve been having them present their professions to each other. Nursing staff were funny. They said “Everyone knows what we do”.

We’ve had a hard time - movement of paramedics all over the hospital - OT’s and Physios. Maternity leaves. People are flocking to the other Programs (Rehab. vs. Chronic). The two CQI teams are the saving grace for me:
- I get away from things.
- I get a chance for innovation.
- I get to be the chair of a team.
- The staff are really into it.

I didn’t realise how things were until six months after the initial swing. I went into shock. It was very draining. I grieved the leaving of others from the organisation. The first six months was a mad house. I ran and ran - putting out fires was big time - with two units. There were double the risk management and union issues.

It suddenly dawned on me that it was reasonable to be upset. I feel sorry for X - she’s on her own at the other location. I found the three of us helped each other -
X, X and me. We try to support each other. The Directors are Directors - Managers stay with managers. I’m glad we got X for a boss. It’s helpful that I knew her before the changes. She’s not got a fat ego. It’s bizarre because I was interviewed for the Director position but I knew I didn’t want that. In the interview, I knew it wasn’t for me and was political. There wasn’t a chance in hell of me getting it. It bothered me for 2 days. Now, it’s like it never happened. I wasn’t concerned about getting a manager’s job. I knew I would get one. I was surprised that X and X weren’t laid off. At one point, you are counting who’s left. At least you have a job.

It was interesting - the managers who left. X (a laid off manager) said to the President “Ever since I quit, I have had no back trouble”. (She was a supervisor with a lot of resentment.) You keep up with buddies and the ones who hated your guts. It’s interesting who you can keep in touch with. Before the layoffs, I socialised with X, X, and X. When the downsizing occurred, I dreamt about X. It’s amazing - the emotions you experience.

We felt the loss of people. The new people were struggling. We didn’t have the relationship where we could help each other. People are “individual” now. Before, it helped when you had your peers. It’s hard with the new Directors. They question everything. We become “the old”. For the patient care managers, this is the way we’ve always done it.

We feel the discomfort of Directors. They don’t really want to ask us questions because we are “managers” (lower level). They would call and ask “How would you handle this?” We had various meetings. You try not to act like you know it all. There’s been a big change - Directors have much more acceptance and credibility than managers. There’s nothing wrong with consulting with us and showing vulnerability. On the one hand, they (the Directors) are more secure. On the other hand, they don’t know it all.

Our relationships are different - like people from X department. It’s neat to have them on the units - they made no bones about being confused. Is their role interpersonal or practice? They can be mediators. For example, the staff were mad
at me because they thought I should do something about somebody. I had handled it but couldn't tell them. The X acted as a mediator.

K: What has helped you to cope?

C: I go to the gym 2-3 times a week. I meditate. I started going to the gym last February. I can't seem to lose weight. My blood pressure is borderline. We talk to each other a lot - the other managers, educators and X, our Director. I'm only going to talk with her about my physical problems.

It's interesting getting used to another boss and what they want to know. There is nobody - our Vice President is too busy - you run around trying to find somebody to say "My God, a nurse did this". You are lacking in support. Now it's interesting. It seems like you have to go to a lot of people - CNS, Discipline Leader, Director, etc. It's been interesting trying to find the dividing position between the roles. You start circling an issue. "If there's anything you think I should be doing, just tell me. Spit it out. Is it a discipline issue?" The CNS's are the only ones who report to X. They are trying to work out who reports to her. X had to get "divorced from Nursing" because all the CNS's reported to her. I forgot to whom they were reporting to before.

K: Are there just as many layers or less?

C: I don't think it's added any layers. We'd sit there and read the announcements from Senior Management over and over. When my job was settled, 1/2 of the people reporting to me didn't get it. So they would go to the discipline leader. I had a physio come to me stressed out and say "I was looking at all of this...Do I report to you now?" You're sitting there talking to someone -"Hi! How's it going?" and they would act worried. You ask "Should I have done something different?" I'd say to the Director "They don't get it." The newly hired people are great. They don't have any pre-conceived ideas. It's really neat.

The gym cleared my mind. We still have lots to do because we still haven't started all the team stuff. There needs to be more interactions. Something will come up. As the manager, you can phone up the PT or OT. Depending on the person, they get defensive. My tone is great. I'm not annoyed or upset. "I was just wondering...." Once in awhile you get someone resisting who let's go. We spend
time in the luncheon room - having lunch together. I love the lunch room now.
The nurse managers used to sit together. Now different functions sit together.
It's not the same. When I look back, nursing was quite a forceful group. There was envy. People don't have the energy now.
We're working such long hours. X says “I was here every night until 8 PM this week”. I wake up at 3 AM to get here at 6 AM. I'm putting in much longer hours.
In the past we used to be committed to death to meetings. The new order was supposed to put us on the units with the staff. Our V.P. says “You must find you spend more time with staff” - but I'm in two different places so they still don't see me.
Things were happening and we weren't hearing about them. Gradually, we're getting more involved. The day to day stuff is repetitive - patient issues. It's nice to get on a cross-functional team to dream a little. I don't mind it all now. It must have been hell for the other three managers. They didn't know their units. The staff and patients on each of the units are so different. It was a big help to know those patients that are challenging before taking over. Because X (the previous manager) was here longer than other managers, she introduced me to the patients. Some of the other managers got “clunk” and that's it - they had to take over the job.
The doctors were very defensive about my new role - like I was going to usurp them in some way. Before, I managed nurses - now, I manage everyone except the doctors. Two doctors attacked me together.
The funniest thing of all is signage. The organisation hasn't kept up. New names on the doors didn't happen. No one could find me. I wanted my name put up on the door but they said they don't do that here. They just put titles. I took my name from the South 3 board and put it on my door. I picked off “nurse” from “nurse manager” and put up the “manager” sign. I thought people needed to know where I am. They had made X a sign with her name (not just her title), so I complained.

K: What helped you to cope?

C: The staff were a help to me in coping. They still wanted me to be their boss. Once the initial shifting was done, we started getting more cohesive. We have chronic
care program meetings - every two weeks, week one is just the program managers and then, week two managers and support managers. Getting business meetings going on each unit helped. One thing that told me things were different was that the whole lot of paramedical staff came to help with the Christmas party. Then the reality hit home.

The new structure has taken away some barriers. I would never have asked before for help. Now it’s easy. The parameds still had their separate Christmas party. They invited us. They said it’s the last year we do this. There was a big deal over Christmas parties. The shake up in nursing has been excellent because we’ve got different people in our staff, new faces and a better schedule. Staff knew if they wanted a job, they had to take what they could get.

Nurses are more stressed, irritable, and take more sick time. I had to be smart about my new “reports”. I told them I wouldn’t change anything. If you do change anything, they rant and rave. So after I’ve made changes I’m going to tell the RN’s the results and get suggestions.

K: Has experience helped?
C: Yes. Not to knee jerk. Some people think whoever shouts the loudest wins. It does no good to punish them. I just make it clear that shouting isn’t to occur near patients. That takes some sinking in. Sometimes staff get it off their chest. You say “What do you think you can do?” Sometimes they aren’t ready to talk about that - they just want to vent.

K: Do you ever feel like giving up?
C: I would ask myself “Do I want to give up?” Then say, “I’m not ready to go yet”. Somehow it’s almost like you want to see it through. It’s like a shooting gallery - who will be picked off next? There’s nothing personal in it. It was just the structural changes that led the layoffs.

K: Does that thought help you?
C: Yes. I really believe it most of the time. Your job is not your whole life. Even now. In a way it feels as if everyone who left is dead. I took vacations to cope. I went to Killarney and Honduras. I had been having trouble with my chest. I
thought it was sinuses. I found an MD who agreed with me. I started taking expectorant. That helped.

At the outset, I felt anxious - my outlook was narrow. I couldn’t see the forest for the trees. I felt cranky, short-tempered. Then six months later, sad - same as before and alone. That’s when I started going to the gym. Instead of staying here until all hours, I get out of here.

I was worried - what if I lost my job? I never imagined that all the nurse managers would leave. The things people were saying. You felt you had to defend the old group of staff. A person said - “those nurse managers must have gotten good packages, they all look happy”.

Now, I don’t have all those nurse managers dropping in on me. I also know I have to do it all on my own.

K: What’s this interview been like?

C: It’s being able to say things, to talk about things I’ve thought about for a long time. Being a survivor is worse than being laid off. Eight out of ten of those who left are much happier than they were. They all found out that they can live anyway on the money they earn and do different things - they have a life.

The one thing I missed in all these changes was having somebody to talk to who understood. It’s hard to invest in a relationship with someone because they might be gone soon. It’s like those who were laid off died.
VERBATIM TRANSCRIPTION OF INTERVIEW WITH MARY

Time: 5:30 p.m., January 25th, 1996
Place: Lounge, Hotel Lobby
Interviewer: Kay Duchemin
Interviewee: Mary Black

K: Tell me about your experience with downsizing.
M: At the beginning of the downsizing there was anxiety, uncertainty, worry, - wondering who and when - and concern about losing my own job. Part of me understood what was happening and worried about the possibility of losing my job. The time of anxiety was when the budget news first broke. Now, I know by March 31, the fiscal year is ending. When changes occur, it’s around that time. I lost friends and professional colleagues. I have an ongoing sense of loss. I have become more paranoid. People say things and I wonder what is behind it. Uncertainty - new people - structure - how I fit. If you weren’t assigned to a program, you have a fear of less value placed on your activity. The fear remains. Some of the things that were done in the past were ritualistic. By taking those rituals away from my job, I wonder if I still add value. I have a fear of stopping activities. You take on more things and become over busy. It helps you feel more important. You question - is there value to what you are doing?

K: When did the restructuring begin in your mind?
M: My image is X saying “Do you feel this anxiety?” It was March 31. It was palatable but it was the first bend in our security.

K: Has your insecurity continued?
M: It escalated when people I saw as having value and a visible contribution were structured out. There was sadness, disbelief and loss of faith in the decision-makers. They hired X and I wondered could they have given it to Y? The sadness remains. I encouraged people to apply for the new positions in the new structure. I don’t like the way people are being told they’re leaving and asked to leave. It serves the organisation, not the person.
When the Program Directors were hired, I felt we had a structure again, but I had sadness for those who didn’t get hired. There was excitement for awhile - “wow - a really new structure, things in place” - but they haven’t fallen into place. From what I hear there is disarray - identity crises among professional disciplines. You don’t know the roles - who to share and speak with.

I've had to deal with general discontent of physicians. We all had to contend with comments of MDS and frontline workers who were fearful and dissatisfied.

K: How has your role changed?

M: There seemed to be anxieties among those I reported to about where the hospital was going. It was fuelled by my own stress level and over busy job. I said to myself “My reporting relationship will change - I'll have a new boss - so I don’t expect anything of my old boss anymore”. I want to be a team player but I don’t want to give away my job. Team playing takes time. It can’t happen when there is anxiety. People are overworked and stressed.

I watched others try to grab something. For example, clinical practice sent out memos - I thought “I should be doing it”. You get worn down. It takes a lot of energy to sustain the same level of quality.

During the last 1/2 of last year was the worst. My boss suggested that my talents best fit into co-ordinating facilitation. So if I gave up a part of my job, I could take on co-ordinating facilitation. I made a quick decision that I questioned frequently later. To my disbelief, after promising it, my boss said she couldn’t give me Co-ordination of Facilitation. I didn’t want to work anymore. I felt violated and angry. When I wasn’t given this, I felt betrayed and fearful. The downsizing played into this incident. I felt devalued and betrayed. X (my boss) learned the day before that her responsibility was reduced. The Update came the next day. She and I had not had a meeting since November. We used to meet monthly. She perceived that we meet now informally. I know we have a regular time to meet - but we don’t meet because the meetings get cancelled.

K: How have you coped?

M: Internally I’ve worked hard - trying to deal with change. I like change - the excitement. I’m not afraid of it. I talk to myself. I live one day at a time. I look at
the positive for me personally - I have my health, a job, a good relationship, a
cottage. I compare myself to others less fortunate. I have the support of my
spouse. I have the knowledge that I’m not alone - I read papers and watch friends
have a harder time.

K: What in the organisation has helped you cope?
M: Being informed. I don’t know whether it helps. It probably helps. I don’t think of
changing jobs right now - my age and the economic climate limit this. There is a
fear - how will I cope, spend my time if I don’t have a job?
I no longer have subordinates reporting to me. This was a relief. It happened five
or six months ago. It was an opportunity. I like being independent.

K: What do you see as the experience of other managers coping with the new
environment?
M: They are learning new techniques. Establishing boundaries. They are turning over
their duties to others. They are uncertain about their roles. They are trying to
develop a partnership with medical staff.

K: How have others coped?
M: Other managers have experienced the same as me. The Program Directors have
found camaraderie. Their Vice-President divides them. There’s new committee
structures. No one knows what they are. Workshops called “Don’t Blame” are
being offered. I don’t know if anyone attends.
You wonder when it’s going to end. The current state seems to be the norm. It
will be for the next five to ten years.
Tell me about your experience of the downsizing.

It started for me before we went to Program Management. The President and I talked a lot about the possible directions. I knew things could be different. I had some idea but felt uncertain about how I would fit. I said to him “Only he could decide how the Senior Management team would look”. At that point, he got Neil Stewart. Things happened without Senior Management. There was anxiety about what the Senior Management team would look like. He called us the night before 28 September and told us where we would fit. I lobbied for the type of job I wanted. We had several meetings with Neil. I lobbied for a V.P. job. When he told me what my job would be I was glad to have a job but disappointed not to be a V.P.

It was overwhelming. I burst into tears. It was very emotional. I had a lot on my plate. An organisation that had never undergone change was changing. People I spent a lot of time with were leaving. After that, we got so busy that I was thrilled to be involved - truly - at the Senior Management level. That felt good - so involved in what happened next - hiring of Program Managers - great to be involved with that. I spent time with misplaced people - Management and Directors - spending time letting them vent their feelings. They didn’t have any comfort about where they fit in the organisation. It was a busy time.

During the week of interviews for Program Managers, I felt dissatisfied with where I fit. I decided I wanted a focus on Programs to focus on my career. I discussed this with my sister. The V.P. and the President were supportive of me getting the management experience. I don’t like the philosophy and culture of this
place any more. An employee was let go - on leave and then told about being laid off. It was no secret as to why she was laid off. Her boss made no effort to think up creative ways to deal with the situation. She could have been moved. She was raring to go. There was no cause given. I lost a lot of faith over the handling of the letting go of employees. It seemed cruel and heartless. I am not unbiased, but I would not treat an employee that way. After seeing the impact, I felt bad. It’s a different, colder place. I don’t think it has to be. In Programs, it’s sink or swim. In other areas there’s more support. Why did it happen?

**K:** When did your experience of the downsizing start?

**B:** It’s hard to pinpoint the beginning. By summer of last year things broke down among managers. Our meetings were intolerable. We no longer met as a team. I don’t know what happened. Our boss became difficult to handle. The Program Directors sided with the Manager who was in conflict with our boss. There’s a feeling that we went through meetings for the sake of having them. Decisions were made by our boss directly. We found her patronising, controlling. She drove us crazy - she wanted to get involved in the day to day business of running our Programs.

We wanted her to discuss things with us as a team: “How do we move this hospital into being a bigger rehabilitation hospital?”

Our boss needs to be out there talking to colleagues - letting go of Nursing since there no longer is Nursing.

The Program Directors meet as a group. Then - when X and X join, the team feeling and support is lost. A lot of people say this is not as nice a place as it was because people are let go and they leave in a snap.

The last time - when a Program Manager was let go, my boss called to let us know. X (the laid off manager) has never been mentioned again. There was no recognition of the impact on other Directors. I think that has to do with the culture of the organisation. After the recent review, the President met with Directors to say “You’ll be keeping your jobs”. The message was hollow and weak because we had invested a lot in the interviews in terms of other issues. People say you
can talk and talk but decisions are still centralised in the organisation - the President and the V.P. Programs make all the decisions.

K: How has your role as a Manager changed?

B: Initially, I was in a support role to Management with only a few people reporting to me. Then all of a sudden I had a lot of people reporting to me. I didn’t accomplish anything except a lot of listening - hand-holding. I was so busy in hiring Program Directors and in writing job descriptions - lots of up-front work - that I felt as though I wasn’t doing “real managing”.

When I took the Program Director job, how to run a nursing unit, staffing, dealing with operational, detailed staff - that’s been difficult. I’ve tried to deal with it by giving parts of it to other people. There’s been conflict over what we do vs. what the V.P. thinks we should do. Our V.P. has a union mentality about how to deal with things.

Part of the culture is that people are dealt with by buying them off. I spend so much time on detail. I don’t get to do the strategic stuff that I feel we should be doing. There’s a sense that Program Directors have far too much on their plates. We are preoccupied with it. I have a lot on my plate - so I am always behind. 40 voice mails, 30 e-mails, etc. I can’t deal with them because of risk management issues which come first. Everything is done at the last minute. We still try to do too many things as an organisation. That has not changed. Someone should set the priorities.

K: What has helped you to cope?

B: When I run into problems, I consult with my peers. The Directors meet together once a month. When I have a problem, I solve it myself. My boss calls us to meetings instantly. It sets up such fear - another change? Then the meeting is about something trivial. I’m looking for another job. I do a lot of bitching to my sister. I have a lot of support at home. The Program Directors get together socially - every other month - we bitch and complain to each other. I went to my boss to say “There are some problems you need to address”. Now, as Directors we’re not as negative....
We’re past anger, we’re into resignation. X is almost cynical. I do my own thing in the Program and feel rewarded from that. Someone in the Program will give me positive feedback. I deal with issues promptly and listen. I spend a lot of time on the unit. I spend time everyday for as long as 1/2 hour - may only be 10 minutes. I have an open-door policy - I get a lot out of the visits - not so much with nursing staff - as with the patients and others.

K: How could the organisation assist you to cope with the situation?

B: The biggest thing is to really feel like we have support from our V.P. We don’t feel that. I get the impression she would not go to bat for me. The feeling is if you speak up you will be punished. You get gun-shy. People who speak up leave. That’s scary. She’s never here. She’s coming in at 9:30 AM and leaving fairly early.

From an organisational perspective, I would have liked our President to be more available to people. If you don’t report directly to him he is not accessible. He stays in his office. The perception is that he’s not really there. The V.P. and the President need to walk to the units.
VERBATIM TRANSCRIPTION OF INTERVIEW WITH SUSAN

Time: 4:00 p.m., February 7th, 1996
Place: Office, The Queen Elizabeth Hospital, 130 Dunn Avenue
Interviewer: Kay Duchemin
Interviewee: Susan Smith

K: What has been your experience as a survivor of the downsizing?
S: I have mixed feelings. I always say there are possibilities. These are people who are part of our lives and then there’s nothing. And there’s nothing done to deal with our feelings. It affects all of us. I say to myself - why did they go? X was outspoken. Is that why she is gone? We’re trying to create mutuality, trust and an ethos of fairness. So why did they keep certain persons? Why have we kept X person? The 6th floor was in shambles and he gets a promotion? Why? Via the grapevine, I heard that some people supported the V.P. Programs and Services and she “saved” them. That created anger in me because I thought it was unjust: “Why is X person still here - when some others had the patients at heart - when others were willing to take risks, make suggestions - they got it in the neck”. I found it very, very painful. I didn’t say anything due to fear of losing my job - I know that’s due to self-interest. But I didn’t think it would do any good. X, X and X were the only ones not offered another alternative positions and I think “why?”. It’s just high-handed. If you’re in the union you have an option. X talked to Neil Stewart. He did not talk pro- Program Management. He was too honest in expressing what he felt. But if the writing had been on the wall, he would have supported Program Management. He had integrity and cared about people. Trust and integrity are essential. People aren’t feeling trusting - because they really don’t know who they can trust. Who will not use me for a stepping stone and have their own interest in mind?
They tried to get rid of chimneys. We have bigger chimneys. Some of the chimney makers are still here. They are creating new, bigger chimneys.
They asked us to respond to a new mission and values. It included aggressive words like “conquer”. It lacked mutuality and was cold and wouldn’t inspire people. It was a masculine vision. I feel it’s important to use words like partnering and be holistic. If we believe that, those words should come at the beginning. I said “It lacks soul”.

They held farewell parties for some and not for others. X, X and X didn’t get a farewell party. X said she stayed on to complete a contract only because she needed the money. I felt very angry about the contradictions. They treated the Nursing staff different from other people. Why? X can’t be a model of the new way but she is still here. X would question how things were - now she’s gone.

At Management meetings, we still go by the name “Management Forum”. Right near the end of the meeting, X got up and supported something different and sat down. I said “I think X has got a new wrinkle”. Now X is gone.

X said, “We’ll discuss this at next Management Forum”. It’s never been raised again. I will always believe that you need people to manage. Because there are always different people. I think we are still in a hierarchy. We need ways to get input. There are a lot of people who want to be told because they don’t want the added responsibility. We don’t take it into account. Then we pretend that another model exists. We don’t understand that we’re all equal but different. We are all different. Some of the systems we have are unworkable.

We need a hierarchy to handle some situations and quick decisions - and sometimes when it’s not urgent, a slower team decision can work. Some staff just want to do their job and not be involved in team decision-making.

We need an openness where those who want to contribute can. When we really need everyone, we can organise meetings. Common sense doesn’t come into it when it comes to meetings around here.

Some people have such huge mandates. I don’t know enough about what they’re doing. I look at some people and their jobs and say “I’m glad that’s not me”.

The power needs are still being played out by the same players in a different arena. I know we don’t change a culture overnight - but partly I think that people who are providing leadership for change just don’t use the right words. They
don’t understand that. It’s part of the situation. This is the “in thing”. They function on the old level. We are affected negatively. Some people don’t understand why we are changing. The people paying the price - lower level staff - are the ones who have the least to say about anything. There are those who are just as happy to keep things the way they were.

Our President is very fond of X. After presenting the vision, he said “You know X, you were right all along” but he always seeks out X in these meetings.

The concept is to be open and see things from another’s perspective. We need to engender respect from the other person. If people see things from the “old” perspective, they’re a dinosaur. There’s no reflection or genuine respect for differences. It’s a hard thing and it’s not integral to us as a hospital or as human beings. Our egos are too tied to how others see us - our role - instead of being seen for who we are, for what we can offer. As soon as someone says “I think you could do this job better if you did __________, it is perceived as an attack - our egos are tied up in it. We have to be individual contributors to decisions. There’s no thought that when our jobs go if there isn’t something deeper, we have nothing. “Being present” is rhetoric. We talk about multi-skilling(?) - but now people think they are all things to all people. There is no way that nurses understand therapy, etc. They say that all of us can support and help one another in all areas but only the people with the training can really do it. There are always exceptions but we are making the exception to the rule.

K: What’s helped you to cope?
S: My understanding of life which comes out of my religious values. I come from a church that cares about justice issues and transforming the world. No one will do it alone. Each one of us is called to play a role. Every little part helps to make the transformation and helps to make a bigger hole - knowing the QEH won’t sink or swim because of me - but there are some whose lives I can touch. Religion never stays the same. It changes. The people’s concept of bad changes as it touches other cultures. I believe all of life is dynamic - some good - some terrible. With change we need to be reflective, but change is painful. I believe when any change takes place, my value is: “You have to care for what is happening to the people
involved”. What we tend to do is to believe the financial gurus. Maybe instead of these people losing their jobs, we could look after people. What happens to those couples who both lose their jobs? There’s always options, but some of the options are pretty horrendous. They will keep doing this until people protest. More is expected of us. I have less of a life. I take work home. I spend much more time in administration.

K: Why?
S: Some of the things we’re doing takes more time - more e-mails, printing out - you have to read all this stuff. There’s so much stuff that you don’t really need. It’s hard on the eyes and the neck. I find it easier to think at a computer. I make it pretty. The computer doesn’t free you - you become more wedded to it.
It’s like travel - with a commuter train you spend 3 hours travelling because you can. But you wouldn’t have before the Go-train came along.

K: What else has helped you cope?
S: It’s my world view that’s helped me - of what’s meaningful. Things happen to you that you never want to happen. It’s your choice. The faith response is “This is not going to destroy me”. It’s a belief that the event alone won’t mould you. You have the power to shape that event. Now, that would help me if I lost my job - I was just lucky because I had a small department.
The people who survive this place are into their careers. Since I’ve been at the hospital, we’ve said it’s for patients but the ones who have survived are concerned for themselves.
For staff - it’s like slaves or women - they’ve known a way of being - when they are emancipated, they don’t want it.
There were times I disagreed with X but X was always committed. He was a person you could trust - also get angry with him - but you could go back and it was over. Now he’s gone.
There are some things - committees or projects - I could be on but I’m not asked to be on. I don’t know who’s making those choices.

K: How else do you cope?
Friends have helped me to cope. The former managers of X division decided to get together. For awhile it was frequently. A lot of them were going through hell. But in the end things turned out well - like X who went to private practice. When things started to turn out well, it made things easier. To see the negative turn into an enhancement makes it easier. To see the continuation of those relationships is a good thing. There's a bonding there. I don't sense an animosity. They may feel they were treated badly but they have maturity - life's been good to them so they don't hold on to the anger. I imagine the get-togethers will become less frequent.

We had an X week for internal staff who were losing their bosses and department. It was a fun thing. The focus was let's go on to the future. I organised it. We decided what we would do. All the X staff got together for their first luncheon. We took a photo of the Phoenix. All the former managers got one. I wrote out a sheet about all the departments. Program Management rose out of a bed like the obelisk in 2001. People say they still remember that.

I have faith that the QEH is part of my pores so I'll do what I can to make this the hospital I want. I want to enhance patient lives and be a levelling force. I don't know if anyone ever looks at Visions once they're done, but words have power - if we can state things in a way that respects people. Let's not be a flagship but do the best we can. That's why I wanted “holistic” at the beginning. It's like our bodies, we can't compartmentalise. The culture's not going to change overnight. People from medically focused disciplines don't think that way. Those in power have been schooled on finance, politics, organisational functioning.

I believe in myself and that I can make a difference. I believe it's no-name people who make history. The big names are often very good in survival tactics who happen to be in the right place at the right time.

There's a loss and it's permanent. I've lost my peers. I don't have many peers. There's more isolation. We're still a “department”. Other people are in “programs”. We're located in a corner. Patients don't come in to see us at University Avenue. There's not many people around who know the history of the hospital. You don't have the time to just chat. Relationships on the job are always
the value. Fortunately, the new staff I work with are great. Other than that, I
attend 2-hour ABI meetings. I can’t afford to spend that time because then I don’t
have time for patients. Then, you can’t develop relationships with staff. I
understand there are real tensions between nurses and therapists. There has been
confusion about to whom people report. The 6-month rotating Discipline Leader
idea isn’t working. When do you refer things to the Discipline Leader? When do
you refer things to the Program Director or others?
The job accountabilities project was the beginning of the changes.
VERBATIM TRANSCRIPTION OF INTERVIEW WITH JOHN

Time: 4:00 p.m., February 21st, 1996
Place: Social Work Office, The Queen Elizabeth Hospital, 130 Dunn Avenue
Interviewer: Kay Duchemin
Interviewee: John Williams

K: Tell me about your experience of this downsizing.
J: Everyone who used to report to me still comes to me for support and has cried in my office. The Recreation Department completely fell apart after the restructuring. Those in Recreation were young. Leadership was taken away and the Discipline Leader was okay but needed growth. With Program Management, there was no one to give her growth. The behaviours of the Recreation Therapists escalated to be a major problem. I had so many coming to me that I finally had to do something. I asked Senior Management to take initiative. Recreation staff asked, “Who was the traitor?” The problem was with the nature of recreation therapy. The problems were not with the mass programs provided. The Discipline Leader needed supervisory powers. She didn’t have it. Discipline leading is too much for the person doing it. There’s a heavy workload. Being a Discipline Leader is an add-on - nothing has been taken away. She’ll never improve until she has a reduced workload.

She needs coaching. I was being used as a Manager even though I wasn’t their Manager anymore. So, I went to Senior Management. X was excellent - he asked for my input. -How could things improve? It’s been a very difficult transition for me. Staff have come to me a lot. The Recreation staff are very young and sensitive. They needed a lot of structure. To put professional authority on them, rifts happen fast. In the past, they worked very closely together and continue to need to. They need someone to coach them when they have a bad day. Senior Management responded by providing a team-building session. I’m not sure it was that effective. It didn’t work because staff weren’t willing to change. Since then,
it’s “That’s life” from Senior Management. There’s an internal organisational problem with staff. It’s not the Discipline Leader’s job to solve problems and manage staff. There’s a hole in who handles these kinds of problems. Of all the paramedicals, the Recreation Therapists are the paramedicals who have done the worst. Now the organisation is looking at more layoffs. The Recreation Therapists came to me to get someone to vouch for them. I approached the Vice President on a personal level with my own views about keeping therapists. I’ve made a lot of suggestions/recommendations and where did it go? You do a lot of added work without recognition. The people problems are the ones I’ve managed since the reorganisation. Personally, I feel they hired people with vision, not people skills. That’s been a problem. The higher up people are, the more they spend their time in search of “vision”. There is a problem with senior level behaviours. Programs were developed to lose layers and chimneys. Now we have the various programs as a chimney and “support for programs” is of lower status. I have no input into the corporate Vision. The Program Managers give all the input, I feel.

Middle managers don’t input into decisions. The Vice Presidents and Directors are Senior Managers - the ones with power. There’s a break in the way Support Services have been realigned in the organisation. There should be a Director of Program Support tied into the Program Directors so we are all connected.

K: Has the organisation been flattened?

J: There was supposed to be an organisational flattening. Empowerment of staff hasn’t happened. Staff haven’t been trained to work as independent professionals. Nursing staff have been used to having independence and little contact with a manager. We have restructured but not re-engineered. The changes have not worked well. All we’ve done is put staff into different chimneys. Staff are overloaded. We haven’t changed roles. We just added to them. Every time a layoff comes I wonder if I will lose my job.

My position went from Manager of X to Manager of Y. I have the same number of staff as before but different staff. Now I have Patient Services (Hair Dresser, the Meeting Place, and Coffee House). I’m doing the job in a 4-day week. I’ve been trained as a harassment investigator. There’s been a lot of add-ons.
I would never say “no” to anything added to my job because I don’t want to be the next person on the chopping block. If they take away my staff, they’re doomed. X (V.P.) is great. He asks before he does. Sometimes this doesn’t happen. Overall, the changes have been communicated well by the President. At the beginning, there was a lot of communication. Then we got into Program Management and decisions were made without consulting people. For example, workload assignments for Recreation staff were made with no input. This caused major stress. They were pulled into a room - told where they would be working - at the time of their Christmas lunch. It was terrible timing.

I was given the Hairdressing Department to manage but was never told I would be getting it. The Hairdresser staff were never told. We all learned about it after a notice to all staff came out. The first downsizing was handled well. The second wasn’t handled well. They said it was an oversight to not tell me. No one ever apologised for that. People are delegated things without being asked.

K: Why were you kept?

J: My value as a manager was recognised. They gave me some difficult departments. The hairdressers were losing $100,000 per annum. I fixed that financial situation, so I am valued.

K: How has your role changed? How has your identity changed?

J: They are counting on me to clean up the financial situation. The only identity crisis I’ve had has been leaving the X Management job and staff. As a Y Manager, I have a new identity. I miss the professional part of the X field. I had expertise with Head Injuries. In some ways I miss the recognition of my professional expertise, however, I am recognised as a Manager of Y now. The challenges of managing X staff, I don’t miss. I’ve adapted better than I thought. When it came to the layoffs, they asked “Would you be a Discipline Leader of X?” I said “no.” My field is management, not X per se.

If I lost my job today I wouldn’t go back to being an X. My interest is in Y Management now.

K: What helped you to cope?
J: My personality - I can’t stand moaning. I’m adaptable - I say “Let’s move on”. It’s helped that I’m outspoken - I speak to the President and my boss. Some people haven’t had any changes but complain anyway. Life continues. You take a future-directed view. I manage 200 people. If something happens in the future I’m still accountable.

I have a very supportive husband so that helps. He brings in common sense.

I do believe in Program Management so that helps. I really believed there were too many managers. You look around and think what does that manager do all day? There still could be a combining of roles. I have had the vision to help the hospital grow. I believe I’ll never get any higher. There is a personality conflict with me and the V.P. of ________. I don’t have a Master’s Degree and that’s required for Program Directors.

Staff are looking for help but the Program Director is not available and is too busy. The Program Director should be there to support the staff. They moved their offices off the units and created beautiful executive suites for them. How does this promote being there for staff? There wasn’t any room to begin with. Then they were renovating offices for Directors. That gives me a message as a staff member: “Vision and aura are more important than being there for staff”.

I’m glad I didn’t get the role of Program Director. Everyone in that role is single or their kids are grown. I couldn’t have handled the job with my family. Those in that role stay late and give hours and hours in extra time. They need people who can dedicate their life to the job.

I wonder if being a new mom with twins is a factor against me. So many people said to me “You’ll be a Program Director”. I was shocked when I didn’t get that job.

K: What is the organisational culture?

J: Globally, they say they want to value staff - acknowledge staff worth. There are certainly individuals who do not. Unfortunately, those people are in power.

When someone gets fired, it’s the boss’ responsibility too. They want to value contributions but they don’t know how. They don’t have time. We haven’t created
an environment where there’s time to value people. Managers don’t look at staff and give them the time of day.

If you don’t act stressed and in terrible trouble and overworked, something’s wrong with you. No one laughs or has fun anymore. There’s less chance because of program management and technology. We talk through e-mail and voice mail. Technology has decreased relationships. There’s so much - workload has increased. I’m so busy I could sit in the office from 9-5 to get it done and no one would care. Management Forum still exists but we could use e-mail to communicate. Some said, “I love watching you in Management Forum; you look like you wish it were over so you can get back to work”. Morale and values have broken down.

K: Does this fit for you as a person?

J: No. I constantly try to think of ways to foster a better environment. I’ve almost just accepted it. We are people without friends at work. All of my friends are from my former work. There’s no one that I really socialise with here - just X and X. You’ve lost friendships and support groups at work. But I’m so busy with my personal life and work life that maybe I don’t care. The lack of friendship is evident. Even before Program Management friendships didn’t happen. Paramedical managers don’t exist anymore but still meet. The Program Directors have bonded. Program Supports have no peers - I’m now called Co-ordinator of Y. You really want to have peers and a support group at work. I almost feel as if I have to join with program managers to become part of the niche. I don’t know half the committees that have come along. It’s not my role to know everything the Program Directors know.

Maybe we need to book them into Palm Court Tea. Is going to Palm Court Tea with the Directors a way to build relationships? Senior Management need to change their ways and Managers need to manage their bosses. It takes a lot of training for staff to manage bosses and to think about giving feedback upwards. Senior Management need the skills to say thanks, coach and support staff. Some can be taught and some will result from a difficult environment and lifestyle in this organisation.
The smaller things like training staff weren’t put into place. These were more important than the big things like laying off managers. A good example is rotation of X staff and the lack of attention to staff input.

K: How has your job changed?

J: I’ve had a major change to manage two new areas. I’m excited about it. The uncertainty is there. I never feel safe. I’m always looking out there in case I have to leave. I have to work more independently now. I don’t have the support of a manager or boss. Scheduled meetings with bosses have disappeared. I have more authority and independence. I feel more insignificant as a contributor. My input is not sought.

There’s a real value if you are part of Programs. Now I don’t have a peer group - support group. In Management Forum, we don’t make decisions on Programs and where we are going. I don’t feel we’re any worse off than anywhere else. My husband works at Bell Canada. It helps to hear about that. Bell Canada has been through major changes. We’re not worse off than anywhere else. I think that helps me. I think we’re no different than other organisations.
VERBATIM TRANSCRIPTION OF INTERVIEW WITH DONNA

Time: 4:00 p.m., February 29th, 1996
Place: Donna’s Office, The Queen Elizabeth Hospital, 550 University Avenue
Interviewer: Kay Duchemin
Interviewee: Donna Brown

K: Tell me about when the changes began.
D: In 1993, when we closed the first units. We closed the units and we were adamant that no one went out the door. That was in the past. I was Director. We looked at no layoffs and job protection as a rule. One union had a different philosophy. It was difficult to negotiate with ONA. They didn’t share common values. When principles are tested it’s a difficult reality. When you actually go through a downsizing exercise, it’s tested our attitudes and fears have shifted. We repeated the experience later. Nineteen beds were removed at 550. Then we had the Management downsizing - there was no road map. A lot of people missed the messages from Senior Management. There was no context or understanding. It was a very difficult time. I’d been an X Director - then suddenly a Vice President of X - then a V.P. of Y. It’s been tough personally. The experience has had influence over all our lives. We want things to be equitable. But, was it? No. We made mistakes. We had no map. But, I felt we all tried to be fair. We stuck to principles.

When managers left, I was drained and emotionally exhausted. It was like being a single parent - one is alone and there is a good guy and a bad guy. Some staff accused me of being racist - these were people I liked. It was hard to stay calm. You’re needy too. You are emotionally exhausted. Senior Management isn’t a strong team. I was responsible for people’s lives - with no support from the President or other Vice Presidents. If I’d been in the role for years, it would have been easier. It was painful and yet there was excitement.
In terms of excitement, we were creating a new team. We had no context. Providing vision and direction is hard. In terms of the team process and development, we’ve failed. People were anxious to get on with it. They were highly critical of things not working. We have a history of status quo. There was constant tension. The talk is that change is good. We want to be responsive. Our actions are “don’t rock the boat” - especially by the Senior Management team and especially by Service Chiefs. Department Managers were also creating roadblocks.

Within my new Program Team, we are all new to our roles. We operate without role knowledge. We have labels for other members of our team and “baggage”. We make judgements about what people can offer. We have unresolved issues just under the carpet. Instead of saying “Maybe that’s not the reason...”, we make assumptions about motives.

I ended up with laryngitis - pink in both eyes and the flu at Christmas. The 15-hour days were physically exhausting. There was a figurehead need for me to look good and smile. I stopped and chatted and no one needed to hear that I was tired or finding it difficult. You need support yourself but you have to support others.

K: Have you “passed through” the experience?

D: This Christmas I wasn’t sick. I haven’t passed through the experience. I’m still in it but I’ve accepted it and the changes. I accept that things will continue to change. You have to look at issues from every vantage point. I go in with “Tell me why you think it’s a good idea”. I’ve let go of “It’s my job alone to solve the problems”. I have confidence the Directors will do a good job. At first, I was terrified I would fail. There isn’t as much fire fighting to do as before. Our President also has “let loose”. He used to do all the external advisory roles and committees. Now he lets us do more of that. Our jobs are much more satisfying. I don’t muck into the Directors’ business as much. It has been very painful. We gave birth to an elephant. Because the Program Directors weren’t a team, cooperation and co-ordination were missing. They complained to others about me. I can be aggressive, demanding and task oriented. When you feel under tremendous pressure to achieve, you feel and behave with the pressure.
K: What's helped you to cope?

D: My family support helped. I seriously felt like leaving. I looked elsewhere. The energy it took made me think the job wasn't worth it. I was a person I didn't like. We have recently done some team building. One of the big things was to forgive. We beat up on each other and ourselves for things we didn't cause. I'm optimistic now. My energy level is higher than it ever has been.

What was nice at the time of downsizing was we had Christmas. We had to go around smiling because at that time it was so stressful. We had to come back to Accreditation. That kept us focused. We worked with the people who were new to our area to get ready for Accreditation. Then our restructuring occurred. All the Services reporting outside of Programs had less "status" than those in Programs. If you weren't in Programs, you were nobody. X and X departments have just been assigned to report to me. I thought there's more people I have no time to see. They see it as an improvement in their status. X said "In this hospital, we have more Directors than just Program Directors". We have a problem with the other non-Program departments feeling left out of communication and decision-making. We were insensitive to the needs of other Directors and leaders.

The general feeling is if you report to X, you don't know anything. If you report to me, you get involved. X does hands on stuff in his Financial Management role. I don't. I think X needs a hands on manager underneath him. As a nurse, patients make you feel good. When you move up, you don't get patient contact. It helps me to cope. I go back to get that feedback by chatting with patients. I chat and feel good and come back to Administration. I don't know where you get good feelings if you are Vice President of Administration. I think X gets comfort from controlling financial data as a C.A. - balance sheets. If we give those things up, where will good feelings come from?

I build in discussions with Directors of where people want to go professionally. The people who report to me have to get tasks done - manage close horizons. Doing schedules and multiple tasks is inconsistent with free thinking and creativity.
As a result of being without managers, we’re missing a lot with systems. The HR system, Payroll and Finance systems aren’t in place. The systems still aren’t there when you take on massive amounts of work and new people reporting to you. Fewer people in the hospital means no time to get the systems put in place. I have to be in touch with our organisation’s culture, strategic direction and identify gaps: strategic, operational and tactical. My role is to create a strategic/operational bridge - to bridge the gap. The tension is that we don’t have a strategic plan. It’s all in the President’s head. We don’t have a plan that everyone knows, understands, relates to, and can live with in the new world.

I’m going to work with Senior Management to get our Strategic Plan done. The agenda will focus on the Kemerer structure. I will use it to drive actions.

We need to have a system to drive our services. There’s a lack of context and connectedness to each other. Staff aren’t connected with Senior Management. They don’t know what is important and what needs to happen. I will look at this with Directors. There’s going to be a program planning and priorities committee. We need to connect the discipline leaders to Programs. Without role clarity, you get conflict.

K: What created the need for team-building?

D: We had conflict in our programs. Neil Stewart’s evaluation didn’t offer much help. He’s not strong enough to give honest feedback. We had another consultant who helped us as a team.

I’ve worked out every single day since then. There’s an optimism that’s taken hold. We’ve come back and been more of a team. It’s unfortunate that we waited so long to do this.

I broke my tailbone and had surgery. I took pain killers after surgery. We had personal pain and pain at work. I’m a single mother. At work I don’t always know what to do. I’m stuck. It’s difficult when you don’t have a mentor. When X left there was a gap. I said “Who’s going to support me?” I need less of it now. I go to the President when I want help. I don’t let him off the hook. Although he’s not the charismatic mentor I would like, I e-mail him. He e-mails me back. I never used
to do that. I have no peers - just X. Our President kept renewing his contract.

X is fulfilling a need. We need team-building at the senior level.

I’m more comfortable about being honest, but don’t know whether I can trust others. Our Senior Management team is more fragile than the Program Directors’ team. People speak in a flat tone. We are more distrustful at the Senior Management level. Our President doesn’t walk around to say “Merry Christmas”. Yet, our President sets the culture. The Board and other forms of open information sharing are getting better.

I don’t feel guilty because I’ve been beaten up too. I’ve lost friends in this transition. I’ve lost the friend I always went to for support. I need social context. It was difficult to deliver bad news to others and get attacked.

Even people who left and who were happy attacked me. I feel nervous about job security. Sure, I feel vulnerable. It’s appropriate to feel at risk. You always have to be prepared: What would things be like if I lost my job and do I add value to this organisation? I need to be aware of this. Our President has confidence in me. Although he may be taken aback in the way I do things. There’s great opportunities in the Metro Toronto area with all the restructuring.

I’m a survivor. I’ve been tested personally and professionally. I don’t look forward to it. I go through mourning over the past but embrace the challenge of things. How many times do you say “I’m tired of embracing things?” When I have to let people go, there’s no amount of preparation for that - guilt, fear, dread and hurt.

Trust is fragile. It’s like a House of Cards - falling down around my shoulders. When I’m fire-fighting, people polarise. People who give me support are seen as privileged. I say “In this job you’re going to be faced with difficult times. You’ll be the target of aggression”.

It’s hard not to feel incompetent. All our managers are terrified of failure. One needs to ask questions to get help and support. It’s essential but we can’t admit vulnerability. It’s the very thing we need to do but we can’t do it because of fear.
VERBATIM TRANSCRIPTION OF INTERVIEW WITH HELEN

Time: 4:00 p.m., March 14th, 1996
Place: Helen’s Office, The Queen Elizabeth Hospital, 550 University Avenue
Interviewer: Kay Duchemin
Interviewee: Helen McLean

K: When did it start?
H: The first tangible evidence was before the paper came out from Senior Management in July 1994. We had closed beds. We spent more in overhead than on beds or for direct patient care. So, rather than looking at patient care staff, we knew other hospitals were going to Program Management. There was a lot of taking a look at Program Management. Senior Management had a retreat and explored possibilities. At that time, I thought “My job is going to disappear.” Down the road, there will be regional governments. (I would love to help with organising it.) It takes us six months to get some word from the Ministry on issues.

K: What was the impact of the downsizing on you?
H: The impact - surprise - it was not my preferred configuration. I aired my concerns about education and other areas being downsized. There was a difference in philosophy between me and others. Decentralised was the issue. Our President wanted a decentralised model. The Program Directors, CNS’s and relationship with clinical educators haven’t been resolved even now. There’s a difference between a clinical resource and an educator. This hasn’t been figured out.

K: How has the change affected you?
H: Being able to sit down - put a plan together for my area is difficult. Daily issues take over and replace long-range planning. The V.P. Programs and Program Directors are having difficulty. It all has an impact on you. They want to get more nursing information - and information that’s blocked. Some of the information they wanted to change was difficult to change without resources. We have a mix
of new and old structures. This causes problems - not major problems, but nuisances. We’ve had discussions about our management meetings: restricted vs. expanded membership. Expanded is the old - people have a sense of not belonging. That happens with change. The difficulties were many, but not surprising. Some paramedicals are good at daily care but not good at co-ordination. Part of restructuring growth is to realise that and help them in the new role. People have gotten stuck in the power battles. There are conflicts between people and problems, between new and old processes.

K: What has been the impact of the changes on your role as a manager?

H: Impact? - If our President had understood the work, he would have hired an executive assistant sooner. I didn’t know the impact on my work or I would have hired an assistant too. If I had known that there were going to be no structures to support projects, I would have obtained help. I sat down with the maintenance group and said “I need to depend on you. You run the plant. You control the projects.” We’re going to use a quote/tender system from now on. We’ve stopped projects and the old contracts and saved more money.

There are different styles of management. I don’t have the time to deal with that. I had to do the same thing with Housekeeping. We now force contractors to submit proposals and bid on projects. It’s all been new. I’ve learned a lot. If I’d known that X would be gone, I would have made a move to hire a Controller in my area. It’s the non-daily activities that are a problem - charts of accounts - I haven’t figured out how to handle all the project work. There are a number of projects I have that will (?) out. Then I can get to the other projects.

Management Forum keeps managers stay informed. I have trouble keeping supervisors up to date. My biggest problem is I wished I had time to develop them. If I ever have one that falters, it’s a huge impact on load now. They are all inundated and have a huge workload. The people that report to them should do the work but there is no chance to develop people.

K: How does it feel in this environment?

H: Feelings? - I wanted more breadth in my job. “Specialists” are a dying breed. I felt “Now I would be marketable”. I thought I would be assigned Personnel but I
wasn’t. I couldn’t have handled it. When I took on “corporate projects”, I had to set up a different method of handling contracts. Even with restructuring, some costs increase because of the lack of knowledge. I didn’t know how contracts were handled and I made mistakes. It cost money. It was a relief to still be around this place - to have a job. There was an anxiety over what I didn’t know. I’m a fairly independent person and am more dependent on others now. I don’t know where every penny is. I’ve been developing X to review the Financials - rather than getting stuck in detail myself. I am trying to teach her to understand information.

K: What have been your reactions to the restructuring?

H: Reactions? - Life goes on. I’ve survived 3 re-structurings. I look at what I can control. I’m experiencing frustration. There are still deficits and how can we continue to downsize? We must to recover the deficit.

One of the things that hasn’t been developed is the structure for Management decisions. X was asked to make a decision but doesn’t know if it’s his decision. But it takes an occurrence to raise the issue. We have so many occurrences. One thing that hasn’t been decided is new policies - especially when you haven’t got staff used to making decisions and taking responsibilities. I meet with the President more regularly than anyone else. The President has to find 10 positions to get rid of. X always comes with a recommendation for savings. She’s easy to manage. Most of my gaps in service are in Finance. We have a complete system but it’s not up and running.

I have to be more strict with other people. People establish their own priorities. I say it’s a high priority but I’m not that stern. I want that person to come and tell me - “Look, here is my work load. What’s the priority?” We’ve been weakened in our ability to provide supervision due to the restructuring. I feel upset about not being able to deliver. The only person I have to blame is me.

We have a dozen managers asking for reports so they can spend what’s left in the budget. So I wrote a memo clarifying that the object is not to spend for the sake of spending. I’m feeling so frustrated when I know 10 positions must go if we don’t find the money.
Things like attendance - I'm suggesting that we start with sterner rules. They aren't recognising the magnitude of the problem. People have gotten the message that if they are planning something unusual, they have to find the money. The message is getting out - there is no money anywhere.

K: Has there been a culture shift?

H: Culture shift? - I guess being in the support areas, you don't see it. The Program Directors are having battles. There's only one group that holds discipline meetings. It was Social Work - and no one knew it. If you report to a person I don't know why you would attempt to stay with the old structure.

We don't utilise our professional staff well. There's a long way to go.

Our systems have to change. This has been slow. The Program Directors are investing with their leadership. Consultation is made before a decision is made. I used to be like X - a Controller. This job has let me realise I can't be in control. If they aren't working, something must be done.

I've been lucky. I have good Managers. I look to people to make recommendations.

K: What signs and symptoms have told you things are different?


I spend a lot of hours here. It takes that to develop structures. It's gradually getting there. One learns how to do things.

The Finance system implementation was longer because of the restructuring. Because the supervisor doesn't see the gaps - like process reviews - I must lead this area of change.

The operating plan changed - It was recognised that I couldn't lead the operating plan process anymore so it's been divided into 3 - That's been changed. We still put the plan together as a team. The executive assistant was a good choice and she takes the lead.

K: What's helped you to cope?

H: What's helped me to cope? - My wife. She's always behind me. My secretary has been great. She can organise me. It's a goal to get rid of all the paper.
I’ve made a commitment to some outside activity so I don’t spend as many weekends here. Once I get home, I have less energy to work on things. Usually if I’m here late, it’s a Thursday and sometimes on Friday night.

There aren’t a lot of people that look long-range. Our President does. I like working for him. We sit around and “think tank” talk about the future. I’m very cognisant of the politics. I have breadth in my thinking. I’m having trouble with the decision-making style of another Vice President. X consults 1-2 people before decisions. We are the questioning structures in rehab/chronic. Is it worth having two governance functions for two separate mergers we’re contemplating? We’re discussing downsizing. The union is saying there’s ample money.

We discuss ways of cutting costs and the future. The President leaves me alone to do my job. I see him less. I report and identify issues for him. It’s been a very open free hand. He’s given me more latitude. It’s fine. I work with it. I’m trying to change to let people know whether I am happy with their performance. I try to let people know on a daily basis. The President has gained more confidence in me. I try to present things with the rationale. We haven’t met to put together a position on things. Instead, I recommended to him.

With e-mail, we meet less. Every once in awhile we meet in the cafeteria and have lunch. We used to meet regularly before the Board financial meeting. I’ve changed practices that he’s liked. It would be nice just to relax - sit back - and not worry about losing time. I’d love to do long-range planning even over two years. I’m too busy to attend conferences. I’m careful what I go to. I don’t have time.

The impact on me hasn’t been as great as others. I picked up the pieces that were add-ons but kept my primary function, too.

We need a lot of work with the Program Directors. They need support for developing the skills they are lacking. They need financial reports. There’s a lot of direction, needed labour, help, and back up. They feel weak in having the skills for managing, and when they manage, they aren’t backed up. We have developed a culture of staff who do nothing unless they are told to. How do we shift? We need to put a plan together to shift the culture.

VERBATIM TRANSCRIPT OF REPEAT INTERVIEW - DONNA BROWN
Confidential
Date: July, 1996

K: How have things changed?
D: Pharmacy and Chaplaincy have joined my area. We have a new Vice President. August 19, all of Chronic is moved to Dunn Ave. We are reducing by 46 beds. ONA started the recall. We’re much better at this now. We formed a team with Social Work and Nursing to handle communications. Better communications with staff occurred. We’ve had a lot of staff shifts and movements. There was a big move to the new unit at Dunn. X person has taken over the new unit. X has left the hospital and her team leader has taken over. X is a new Program Director. We have a new Vice-President of Human Resources. She was a shining star in her former organisation and she has done well.

Relationships are better with my team. The team development workshops proved to be successful. They are dealt with and there are social events now. We are having a barbecue at x’s place. The trust is higher. I’ve gone out of my way to spend individual time with some of them. I have a mortgage. I want a job. I feel whatever happens will be fair. The relationships with them have improved.

K: Have you developed strategic directions?
D: Strategic directions? Nothing has changed. What we have done is identify strategic priorities and ways these will be evaluated, e.g. eliminate permanent shifts. All staff participate in day shifts now. In terms of QWL, it will be hard for staff to shift. We’ve communicated with staff. That’s helped the group. Directors get caught in some these issues and it’s hard on them. On Monday, I talked to Directors about taking time to recuperate in the summer. Are Directors happy? There is greater optimism and hope. The MDs’ cause no end of grief - same old issues - behaviours - they are never held accountable.

I have experienced a very positive effort in terms of turning the team around. I feel hopeful. I was up for the announcement of the shift work. Where is the Vision? Until there was the recruitment of VP, I was carrying HR staff - then we
merged with Hillcrest. I've been able to do the things that are my roles - not get into issues or operational problems. Now, the question is, "what's this new corporation." There are 2 task forces from 2 Boards meeting routinely. It's all going to become clear.

I'm planning my vacation. You have to keep your priorities straight. If there is an opportunity, go to ball games.

It's being sensitive to the smaller corporation that concerns me. X and I have kept in touch. No matter what happens there has to be the personal context. You never know with whom you’ll work down the road. Our unions are more powerful and have said they won’t co-operate. We're developing an H.R. plan where the 2 corporations are merged and then we’ll work through the union issues. It’s nice that the merger is voluntary.

K: What have been your coping mechanisms?

D: I receive personal satisfaction by investing time and energy in things I should be. I have been able to develop the operating plan with the Directors. I don't feel I'm doing the wrong things. I'm doing the right things. The previous year I wrote the operating plan. We met, determined the sections, and they wrote the sections. This became a planning document. Program Directors are doing external consulting. Advisory panels provide advice on Programs.

I'm still going through the survivor experience. I am learning about Pharmacy. I met and talked with them at both sites. As soon as I get a new area, I think there will be more people to supervise. It's a lot of demand. We talked about who would get what area of the company. It was logical for me to get Pharmacy. That’s a business and a clinical side.

Telling staff that they no longer have jobs is difficult. All these folks have personal lives. How do you deal with personal side? I don't feel good in the conversation. You don't feel good but I use better words now. It’s tough. It never gets easier. You have a lot of conversations. Is this the right thing? Do it in the most sensitive way possible. You say to yourself, “I’m sure she isn’t angry but disappointed with me.” I decided to do the lay-off rather than let the Program Director do it.
It’s not all on my shoulders. The President and Program Director help with these difficult discussions. Our president did X. He found it very emotional. He found it difficult. You have to not think of it as a Sophie’s choice. If someone isn’t doing the job they should be, you need to put them out of her misery. We kept putting demands on X that she couldn’t meet. It was too big a job for her.

When I gave X the bad news it looked like I hit her in the belly. I needed to be listening. She was careful not to blame me. She questioned the decision. You sit and take it with calm and no judgement. I can’t sit and cry with X. It’s hard when it’s personalised. My stomach turns. I work hard to keep my life in perspective. I look at the note my son gave me. When I go home I hug my son. It makes me feel good.

K: Do your colleagues help you to cope?
D: They’re going through this at St. Mike’s. A colleague of mine has a terrible cold - stress - pink eyes - laryngitis.
I am working out - in the AM - I’m eating better. I made a conscious decision I’m going to do it. I love skiing. My son loves skiing

K: What else has helped you to cope?
D: I just had to live through it. I did the reading. It didn’t make it easier. Nothing prepares you for delivering bad news. Quiet, listening, long pauses, dealing with a variety of reactions. It’s tough. Some of us may not have positions. We’re all competent. You are competent. The reality is we don’t know our future.

K: What did you experience as a survivor?
D: There’s excitement. You are creating something new where you know your part of it.

There is despair - loss - bidding farewell to parts of the past. When you start losing your history, something’s missing. We are creating new history. I go to a farewell party then try to create a new organisational structure. Then you feel overwhelming exhaustion - so tired – it is all so physically demanding.

K: What gives you hope?
D: I get hopeful because I am part of creating what could be. But I have a fear of never achieving it. I am in a more senior position. I feel more hopeful because I have more control and latitude than in the past. X has great fear with the announcement. He is low man on the telephone pole. If we cut a Director, would we cut him? I have access to our president. He doesn’t tell me a hell of a lot. There’s a greater chance to be close to the decision-makers. The work is radical and in confidence.

K: What has helped you to adjust?

D: The way I work. I stop doing things and start doing other things. I have had to adjust my relationships - I fight for and articulate position. I work longer hours - but meet family obligations. I don’t sacrifice. Sometimes I don’t turn on e-mail. It’s all a lot. I’ve had to develop relationships with Board members. I need to know how far to go in terms of being too friendly. I have reached a place where I am happy with all the people I work with now. I want my job. It felt as though my staff were coming at me like tigers but I think it is good for staff to confront their boss. It holds me accountable - I must prepare. I make sure that directives must be given. I don’t step into their roles. I stay up on issues. The Directors didn’t want management. X said “We’ve grown our wings. We’re ready to fly.” I can see the development as the goal - not 13 voicemails. It’s hard to know what to do when. I got caught in the loop of operations. It didn’t help them. Take from specific and draw attention to the general - try to create and deal with all the things that are happening - create a context. There’s a lot of detail - I’m not a detail person - It’s overwhelming and they (staff) can become negative. I’ve had family complaints and union grievances. - It has been a painful process. It’s very difficult to live through this stuff. We need more elasticity. I feel as though I clean up the same old crap but twice as much of it. I say to myself, “How many times can you do this?” I don’t know how long I can say, “I’ll do this.” At what point do I say, “I don’t want to do this anymore.”
APPENDIX C: FOLLOW-UP INTERVIEWS

Confidential
Susan Smith - 20 November 1997

Q  What was your response to the results?
A  I was impressed with the results. It was an accurate description. I was surprised about what it did to people emotionally. The differences between senior and middle management were evident.

The coping mechanisms were accurately described. Some quotes were mine. I wondered who said some things.

There’s a similarity among the responses. The themes seemed good and important. They need to be aware that people experience these things. People do stupid things out of fear. The anxiety affects morale. People are afraid to relate. There’s vulnerability and more loss. People don’t want to make new friends. They miss their colleagues when they go. There is a sense of not knowing who to trust.

Q  What has happened since I interviewed you?
A  I lost my job. It’s been a year since then. I’ve only just begun to realise things. I wasn’t aware that I wasn’t functioning as well as I wanted to. There was a sense of shock and relief. I knew if I left when I did, I would get a package. I looked around and realised that I wasn’t coping well. I started to do career-counselling.

In some ways, I feel more anger than I did earlier. The hospital was more concerned about image than what was really happening to patients and staff. People were afraid to act.

The things that I hear fuels the anger. The patients aren’t getting what they need. Then I hear about the newest merger.

I see the CEO as incompetent. He let loyal people go and gave jobs to others who were less adequate and who came from other hospitals.

I hear it is an unhappy place.

Q  What is the “so what?” of these results?
The dollars, cents and image of the hospital are examined but they (Senior Management) need to recognise these themes. They have forgotten that the people who are part of the organisation make it run. If they aren’t happy, quality of care and productivity are affected. People don’t trust others. There is a real need to feel valued. When people don’t feel valued, they generate mistrust, fear, lack of respect, anger, powerlessness. That generates depression.

People take more sick time and show less co-operation. It creates an unhealthy organisation that loses money. The place needs genuineness. People don’t need a job for life, but they need to feel valued when they are there. If they go, they need to go with dignity, not just be turfed out. The wide disparity of salaries and increased workload causes much angst. I feel it’s immoral.

What would you specifically do to assist others to cope?

I feel that integrity and responsibility need to be part of the life of an organisation. Leaders aren’t rewarded for being ethical. It is “just look out for yourself, manipulate, lie, talk, play the game and you will get along well”. They don’t want to know the truth. Management never listens when they hear it. The most important goal needs to be treating patients and treating staff with respect, believing and communicating that the work being done is important and valuable.

There should be no judgements like “that’s an easy job”. They need to recognise the importance of what people do. There needs to be openness - to hear, really dialogue about issues, rather than “if we don’t like your idea, God help you”.

Staff suggestions need to be really welcomed and encouraged. They need to create freedom - “we really want your input”

A group from all levels could be used to discuss the suggestions and make real use of the contributions of this study.

Honest communication is needed. Secrets breed mistrust.

Verbal abuse of anyone should not be tolerated. Issues like that should be addressed.

The nitty-gritty of basic human issues should be addressed. People feel recrimination for discussing their feelings and fears, but should not.
Senior Management need to be honest and they need to say “if at all possible we will keep you in the organisation. If we can’t we’ll try our best to help you find something else.” They lost commitment from staff. They need to develop people to build commitment.

People 45 and over are seen as unadaptable and resistant to change. People need to be seen as individuals, not as “employees over 45”. People need to be held accountable. If you abuse people, you’re called on it.

There needs to be training to help staff grow with the change instead of saying “goodbye”. The changes were exciting. It’s like the butterfly - we go to goo before we rise up - going to goo is good.

Q  What are the things an organisation can do?

A  There is a feeling that you need to work 18 hours a day to keep up with the workload. Renewal is essential. If someone works 18 hours a day, instead of praising the staff for putting in those hours, they should ask “Hey, what are you doing?” If they are going to give big workloads, they need to communicate expectations.

Loss - They need to be sensitive to the process. They make a judgement: “People resist change”. They need to say loss is normal, grieving is okay. They need to look at the threat and deal with issues.

Excitement - People need to be developed to harness the excitement. Every situation involves grief, but if you deal with the grief, there is healing and people can move on and become excited about new opportunities. You can’t celebrate change and success if you don’t allow people to grieve.

Guilt - Organisations need to talk about the guilt. People need to express the guilt openly. Someone needs to sit down and talk with staff and help staff work through their feelings. If staff felt that employees who left were treated well and looked after, some of the guilt would be alleviated.

Work demands - Staff need to know the new expectations. It was “here’s your job, sink or swim”. People need to know what it takes to do a good job. The jobs are beyond the scope of any person and some people are new to the job. If they make mistakes, they’re out.
Empowerment doesn’t happen, just shifting the load to someone else.
Leaders - Integrity and concern for people are the key principles that need to be lived. The stated mission and values are developed but not lived by. Deviousness happens. We don’t tell the public what really goes on. Senior Management need to be held accountable.
If senior leaders aren’t trustworthy, why should anyone else be? Values show themselves in different times.
There has to be a whole new mindset - “We can’t promise you a job but we will do our best to keep you. We value your contribution.” When people invest in you, you feel valued. Keep employees up-to-date in the world of work. Put out newsletters that say “This is where we are going because of the economy”. Let people make informed choices based on the outside world. Career management help should be provided while people are still in the organisation.
FOLLOW-UP INTERVIEW

Confidential

Bill Jones - 3 November 1997

Q What has happened since I interviewed you?
A I left in April 1997. I no longer liked the organisation. The themes you identified were present. I had no fear of job loss throughout the time I was there. There were no physical and health responses for me. Loss and grieving were the biggest issues. Excitement wore off quickly. Pressure of work demands was great. Some guilt existed because good people left. I asked "why me?" as a survivor. I had tremendous loss of confidence in the leadership. Promises were made that were never followed through. What we expected was in contrast with what we received. Others left - morale is low. Positions were not replaced. There is someone who was out of their depth. I had to put up a front for the staff and appear supportive.

Q Do the themes fit?
A The themes fit. There is pressure from greater work demands. There was a loss of confidence in leaders and they haven’t been sending the right messages. I wanted this organisation to work. The potential is enormous and there are staff with right vision. The shared vision never happened. Projects were started but not finished. We were paralysed by the merger. There was no permission to move ahead and no quality projects on the go. We were stuck in the old way of doing things.

Q What’s the “so what” of these results?
A The philosophy of management needs to be aligned with verbal style of management. The key to program stability is talking to people before hiring. They should have town hall meetings and make a 360-degree evaluation. There should be far more consultation and focus groups. They should finish what they’ve started and spend as much time as possible on communication. What is important is living the shared vision and follow-through. The potential is there. It makes me sad. What a waste, but there are no surprises.
FOLLOW-UP INTERVIEW

Confidential

Donna Brown - 11 November 1997

Q What has happened since I interviewed you?
A We’re in the process of the next merger. We’ve started our discussions with Lyndhurst. We’re a full teaching hospital now. Now I’m responsible for programs at 3 sites. I needed to see how I could bring programs together, e.g. pharmacy, lab and radiology, how to bring under one structure. Also the expansion of cardiac rehab and the professional affairs committees. We are now preparing for accreditation. The latest changes and workload demands are exponential. I work every weekend. The acting people need support. I am conscious and careful of day to day planning for the future. WCB is getting out of providing rehab assessment programs.

Q Do the themes fit?
A They are accurate. I couldn’t put your results down and I found it very powerful. Physical and health responses fit more than others. I run down and get exhausted, but I take extreme care. This was the first Fall that I haven’t been sick. I paid attention to my health after talking to you. I have fear around my workload. I don’t know how I can do more. I am reaching a limit. I am more selective of how I spend my time.

here is a verbatim fear of job loss and insecurity. There is no confidence in leaders.

Q What are the implications of these results?
A Senior Management need to see these results and I need to discuss them with the Vice-President of Human Resources. We should understand how patient and family satisfaction ties in. I believe the themes to be true. Rationalisation is easy. It is easy to discount information. We should take these comments and plan from there.
[Chaos Theory] - We can’t guarantee jobs. We should acknowledge how people feel. We have built-in values - caring, learning, teamwork and partnership - to our performance review document. We should know how people live these on a day to day basis. We need to work with people and ask “What do you need? What do you expect?” We have introduced “Coffee with Senior Management” in each site. There is no agenda. Senior management has to be more clear about what we expect. We have to build in a staff survey tool to have ongoing feedback.
FOLLOW-UP INTERVIEW

Confidential

John Williams - 4 November 1997

Q What has happened since I interviewed you?
A There were more mergers. People are on a chopping block. There is fear. There are interim structures, Lyndhurst and TRC are joining the hospital. There are more job positions.

Q What are your reactions to the results of the research?
A It is really good. The themes are accurate. There is always the fear of job loss. Announcements are continuing and there is a need to network. There is loss of good feelings about the hospital and morale is low. I have no physical and health responses. I feel excitement over new challenges and more independence in my job. There are pressures from greater work demands. We don’t know who is going to be cut. There is loss of confidence in leaders. There are personality conflicts.

Q What are your reactions to the coping behaviours?
A Support from significant others has been most helpful. I’ve focused on work challenges. I’ve used positive self-talk. I’ve been seeking information from others. There are volumes of work. It’s really boring. Challenges will come but there is nothing we can do right now. Things can’t be delegated. There is an interim of waiting. I still need to focus on external opportunities. I believe that others have done very well. I’m too tired to look. There is the potential for our management group to bond but no one has the time. People who walk around are perceived as doing nothing. Everyone sits in their own hole or in meetings. Managers don’t eat lunch. I never take lunch.
I need professional development in order to go further. I must have a Master’s Degree. I’m judged on education.

Q How have things changed for you?
A I have linked up with a person at work. That’s helped. I feel safe. Messages from the CEO have been positive but I feel stress. I am doing a 5 day job in 4 days. I feel strongly that our sense of family and joy is missing. I could hardly wait for Mondays in the past, but not now. I have a loss of joy. There is a lack of faith in Management. It happens as part of the process. You aren’t alone but you feel alone. There is fear of job loss. Maintaining a link of communication to Senior Management helps. I handle stress because I have confidence. I always thought I would be kept in the organisation. I believe in myself. I see myself as valuable to the organisation. I am tired. I have great supports - a husband who said “So what”. I have self-esteem. This is society. You won’t be judged as being bad if you are laid off. If they lay me off, it’s their loss. Positiveness is recognised here. The President had the outlook that he wanted to see me stay. He said “I will create a position to keep you full-time here”.

My physical and health response has been okay. People have to have a balance and learn from what you see. Senior Management need to show and relay the balanced lifestyle as an expectation. A lot of people got so angry. “This is so unfair.” I have a husband in the business world and this is what is happening in the world. “Health care has to run like a business.” I have a loss of good feelings about a good work environment.

Q What is the “so what” of these results?

A Senior Management needs to give recognition, say thanks, be around, be visible. They need to recognise the work and things that staff do at all levels. There is resentment and burn-out. They need to be seen talking friendly in the halls. They need to refocus staff on the future, not on the loss. They need to let staff help but they need coaching. They need to train staff to be global and empower staff more regarding issues related to workload and work environment. They need to hear how what they are doing fits into the big picture. Good ideas never get taken up.

Q Are you out of the loop?

A Once a week at least we need a time just to get together. This isn’t valued at the hospital. People need to feel cared about and that they have a future with an
organisation that cares about their future. This study is useful. It’s good having a
document to acknowledge the stress and provide a basis. Management need
excellent listening skills. Having a buddy and a chum at work is important.
Someone who is like-minded and close by. Someone who understands what you
say, laughs and tells stories.
The best outcome for this study is that some of the ways of doing things would
change. Getting into a better work environment needs to be the number one
priority. Having hit that calm time, people are too stressed out to address human
needs. Survival is the goal and coping. We need soul put back into the
organisation and good self-esteem. All these need to be dealt with at the time of
the change. We need to teach Senior Management to do these things. Senior
Management need to say sometimes “I recognise it’s a hard time and I’ll provide
coaching and hand-holding to help you get through it.” We need perky educators.
EAP-Warren Shappell provided a session on change. We needed this early with
follow-up. Senior Management need to say or send out a memo “Hey guys, how
are things going? Is it tough right now?” There needs to be a teaching and
coaching role for educators.
FOLLOW-UP INTERVIEW

Confidential

Helen McLean - 7 November 1997

Q  What is your overall reaction to the research?
A  No surprises. The themes fit. The comments were surprising about communication. We thought we were clear but staff were still confused. I don’t understand, as a Senior Manager, I wonder where we missed. I thought we had done a fairly good job. There were times when we didn’t know the structure. With the restructuring, there will always be some inability to clear up confusion. The strain is mostly felt in the paramedical group. I’m not sure we’re there yet.

When there was a change in program leadership, we were tooling with programs. There was 1 manager and 80 people. The manager was responsible for a diverse group on 3 shifts - charged with bringing them into a team. We need good group leaders and there is training needed. There’s a need for more training and education for Program Managers. It didn’t happen. People learned by fire. We said we had to change our systems and we didn’t. They are trying to make the tools fit what they have always done. We eliminated the supports for Program Managers. We created Crisis Managers to deal with daily activities who don’t get to do planning. We played down the stress and training needs of these managers. We were hiring under the new structure to fill the gaps. Now we’re waiting for the newest structure.

Q  What’s happened since these results?
A  There is a merger with another facility. We’ll gain another program. This merger is felt in the support area. We have duplicate managers. We can’t plan what happens to the site. We’re in a holding pattern. We’ve got a new mission and vision but can’t implement it. We are losing leadership and can’t replace. We will have reduced beds in the Rehabilitative area. We will have 200-160 notices of intent. We need a new Program Director.

Q  How have things changed?
A There is constant change. We have joined finances. I hired a new manager. She is a strong person with knowledge, who wants to get to the end and is results-oriented. There is a relief since hiring this person. Things are devolving. I delegate.

The themes still exist. We are supposed to merge with 2 more organisations - one doesn’t want to. One doesn’t know what will happen. We will review the Senior Management team again. A larger window will exist. If it happens, it happens. I didn’t have all the information in the past and didn’t know the structure or have an understanding of where the organisation is going. Fewer Senior Managers need greater knowledge. There were mixed messages about how to handle contracts. There are labour relations gaps. These have been recognised. We need a process for each instance where packages are given. Some Program Directors experienced a blood bath. We promised them support, instead they were on their own. This is not what they were told would happen.

Q What is the “so what” of these results?

A It moves on. The corporation has expanded regardless of people. There is a need to work with staff. There are big gaps in skills (clinical area and cardiac program). Workloads need to be reviewed. A momentary situational issue is fear of job loss by direct care workers. There is no recognition of workers. They have a need for reassurance. They need to be told up front that Management can’t promise things they can’t honour. They can’t make promises about the unknown. We’re growing or disappearing but don’t always know which.

We now have an EAP to assist with inside issues, loss and grieving.

Things have changed. Dealing with only managers is irrelevant. There are open forums with senior managers and staff. We are used to the feeling of loss. The other institution had a closing out party. There were great turn-outs. We smoothed things. The previous CEO is now Executive VP. Staff still say we “sold him out”. There is survival financially. For a while there were no reductions and it gave a breather.
From a personal help stand-point we need to have team building for Senior Management. People are learning new things. Increased workload overhangs everything.

I get more frayed around the edges. Little things bug me that never used to. These affect how you react to people. Other people say “I.S. should be meeting my needs.” Another Senior Manager and I had a battle about remote access. A lot of Program Directors didn’t get the support they need from Senior Management. The style is controlling. It’s unfortunate. Conflicts fray the team. There is a challenge to keep going. We’re about to work on a team building session for Senior Management. I’m not sure how this will work. I’ve reached the limit. It is time to look, redirect priorities, go to regional governance, shared services, get rid of vested interests or nothing will result. It is time to look for another career.

The biggest disappointment for me is that nothing has been completed in systems. Leadership isn’t interested in the recommendations of teams. They don’t like the system but won’t fix it unless they have a true vested interest.

I have hope for use and outcome of this study. I feel there could be better handling of themes. There are gaps in how we handle people’s response to change.

Loss of confidence in leaders bothers me.

We need to deal with the trust issue. We need to assure staff that processes are fair. A couple of people should have been interviewed as part of our hiring process in the past. We need to rework our philosophy.
FOLLOW-UP INTERVIEW

Confidential
Mary Black - 12 November 1997

Q  What has happened since I interviewed you?
A  We’re overworked and consumed by accreditation. I’m overworked and stressed. There is uncertainty about another new merger. We hired a new manager. There’s disruption in my job. There’s more concern from staff because of risks.

Q  What are your reactions to the research?
A  The themes fit. I’m not surprised at any of it. Some of the things surprised you that others said about loss of faith in leaders because I hadn’t talked to others about it. The extent of the anxiety surprised me.

The themes still exist and have intensified. There’s less excitement because there appears to be more work and more uncertainty. Some of the reactions of the last merger still exist.

There is pressure from greater work demands. There is loss of confidence in leaders. I’m trying to work on guilt. It’s self-imposed. The added work is intertwined with work. I’m not taking care of myself as much.

Re: Coping mechanisms - I get support from significant others and peers. I use positive self-talk. I call colleagues. Our frustration is shared.

Senior Management is acknowledging that we are all taking on more. Senior Management is helping us prioritise. We do rituals without reason. We hired a full-time consultant and four secretaries to rewrite policies. There was fighting over the letterhead.

We’re overworked and have too much. Dealing with this is the priority. The demand is echoed by everyone.

We have “acting” managers. We need people with authority. A lot of people think these folks are acting without authority.

There is no management model.
We need more communication but what messages should be sent? Communication relieves anxiety. It would be nice to hear things first-hand - not just learn the outcome by e-mail. We need to know who’s working on things. How are they making decisions and what are their tasks? When do they estimate information will be forthcoming?

EAP was a good move.

We need to survey staff to find out their needs. We need to do surveys that include evaluation of physician involvement. We need to survey physicians around their needs and participation.

All staff need to be recognised for the contribution.

There’s too much control by senior leaders. Arbitrary decisions are made that interfere with team.

We need to share these results widely along with a response from the facility. Perhaps a discussion with focus groups could be organised. We need feedback and concrete suggestions. How can these results be used?
Q  Did the themes fit?
A  It sounded overwhelmingly negative. Part of the process is to ask “Do I want to be here?” Guilt felt at the top is accurate. I didn’t feel guilt. I felt loss, pressure from work demands. I did not feel loss of confidence in leaders. I felt disturbed by this part of the results. I was wondering about the reaction to yourself and whether they were responding to you personally. You were well-liked. I think a lot of people were venting when you interviewed them. It came out more negatively than it should. It also struck me that some program directors didn’t know what they were getting into.
I have a new coping technique. I let stuff age on my desk. Some staff took voluntary resignation. There’s all kinds of new opportunities. I would like to have the opportunity some people have who left the organisation.
The comments were more negative than what I felt. The cut was probably too deep but it was very hard to know that. The 2 VP’s started to burn out. Now there are 4 VP’s. They still swish by.
There is still a shortage of managers. There is a poor ratio between frontline staff and managers. The frontline staff have the least experience and education and need assistance.
The public employment environment is much better in the private sector. We’ve had to make a permanent adjustment in lifestyle to cope with higher stress and less support.
People are substantially over loss and grieving. There’s a new kind of grieving of the old places. The new merger means one thing after another. I didn’t grieve too much about QEH because I think the new directions will really be better. At Dunn Ave. site, there may be more grieving by longer term employees.
Excitement - It's a love-hate experience. I feel more autonomy in my role. It's never boring.

Guilt - none. No one got laid off to save me. I believe the process was fair. We were doing things that were necessary. There are still greater work demands. We just have fewer people. The time that managers need to spend with frontline people isn’t happening.

I have some loss of confidence in some of the leaders. Another VP has done things that bother me. I can’t do anything about some issues.

I have learned to let go of things that aren’t mine and I have learned to delegate more. I have a systems role and look for efficiencies.

Q What's different for you?
A I have increased autonomy. I used to find myself with my VP daily. Now I make more judgements on my own. Most of the issues I went to her before didn’t need her approval anyway. There is a need for people just to get on with things.

If you don’t act autonomously, the organisation will not move ahead. We might have struck a work group on something in the past. Now people don’t have time to absorb the right information. I make decisions that are my best judgement but adjust as I get feedback. People have trouble seeing why a system was chosen. We have a system in place that I don’t support. The best principle is “just do it”.

Q What are the implications or “so what” of these results?
A Where organisations are faced with the requirement to restructure, they need to deal with the psychological side. Some kind of psychological support and advance input to decision-making is needed.

Staff need encouragement to talk it out - need psychological support. The EAP program is good. Staff can take work time to do this. People don’t always talk or deal with issues when they need to.

Just talking about feelings about not liking things is useful. Some people went straight into denial.

Staff need to recognise it's okay to feel this way. What I needed was participating in this research. That was enough. People outside the organisation do not know what it’s like here.
I noticed that some people tried to walk away and get perspective that way. I think that’s very important and critical. Detaching from stuff is healthy because it pushes it outside of yourself.

I resolutely refused to work longer hours than I was. The briefcase that is my head is the best solution for me. I get creative solutions early in the morning. Alpha waves - creative - I organise work differently. I negotiate and talk at work. Some have the misguided idea that longer hours create less obsolescence. Senior leaders will have to work harder at achieving balance. Line managing isn’t my thing. I like people and not mass marketing.

There’s a dearth of leadership but I see more solutions to problems happening.

I think that organisations should be held accountable for their employees. The “so what” of this study is important.

The performance discussion/appraisal is still a problem for us. If a person isn’t performing, they need to be dealt with. There needs to be more attention to individual’s psychological needs to be planned along with everything else.

A team of specialists needs to train the group how to identify people in real need. As a hospital is downsizing, an individual could be attached for a year to assist with the psychological side.

A trusted bright group should be asked to assist with the actions and results of the study. If it doesn’t get into the hospital library, it needs to be available where people can get it. This is anecdotal, rich cultural information. It is the property of the contributors. It should be sent to the Ministry of Health. It’s a very current situation.
FOLLOW-UP INTERVIEW

Confidential
Carol White - 17 December 1997

Q What was your response to the results?
A At that time, we were agitated and “down”. The themes fit, some of which were “moany-groany”. People in smaller departments before program management had no troubles. We’ve now been set up with a way to do performance appraisals with greater care. The issues are just starting to arise for staff who were from smaller departments in the old structure.

Q What’s happened since the study?
A There are still workload issues. I’m getting more used to things. I’m starting to see how it can work. Senior Management is starting to come up with things that will help. It’s no different than when you did the study. I’m dealing with things better. I try not to get over-excited about it. I say “I don’t have time to do this” and my Director listens.

I have a new Director. Our Director can see what we’re up against, including workload issues. People are still stressed out. I’ve learned to cope with it. I go to school, go out with friends. If I get tired I stop. I don’t have anyone at home with expectations that I’ll be there for them.

Q What’s the “so what” of these results?
A Administration is suffering too. They need to simplify their goals. There’s way too much going on at once. There’s so many meetings that we are showing up for things that have been cancelled.

We need to minimise the stress by not trying to do so much at once. We can’t get hold of Administration because they are tied up in meetings.

We need to be kept more informed. I don’t expect to see the VP’s that often - but at least once a month. A support group would be useful.
It’s hard to get everything done. The restructuring goes on and instability. We need a breather but won’t get it. There are meetings going on. Lyndhurst and the Toronto Rehab Centre are supposed to join us also.

We need clear direction of what we’re supposed to be doing. You think it’s your role and then you learn someone else is doing it. We need to know whose responsibility is whose. The big thing you have to learn is to advocate for yourself. I went to the group involved and said I thought I was supposed to do delegated task. We sorted out what belonged to whom and it cleared the air. We need to create a climate where we can take a risk to sort it out.

The thing you learn is don’t sweat the little things. If you can’t do something, be very clear why you can’t - then work out how it can be done.

Some people cope by making rigid routines. The more detail you get into the harder it is to get movement.

It was pretty clear that there would be big changes; you can’t cling to the people of the past.

People must say “no” to certain things even when we need to solve problems quickly. It seems that decisions are made by others. We are out of control. You need to either learn to live with things or leave.

I just figure “okay, so they want to do things differently, so give it a try.”

I have high hopes. We’ve kept our place above water. I just hope the organisation survives financially.
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